

Date:.....

The Officer-In-Charge
Z.R Police

Our Ref:.....

INFORMATION TO BE COMPLETED BY THE POLICE

Claim number.....Insured.....

Vehicle details.....Registration number.....

Name of complainant..... date of loss.....

Residential Address.....

Business address.....

Date reported.....station reported to.....

Brief details.....

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No record/ not reported.....C/R.....
(delete which is not applicable)

Offence:Name of person accused.....

Method of entry.....

Items reported stolen.....

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Value of property given \$.....

Current status.....

In the case of vehicle theft kindly note the change of interest in the vehicle into the company name. Confirm below:

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Signature of official.....

Print name.....

Station.....