



The Member In Charge

Date .....

Dear Sir/Madam

CLAIM NUMBER .....

Please be kind enough to complete this form where appropriate and return to the insurance company.

TAB ..... Place of Accident .....

Day of the week ..... Date ..... Time .....

	1 <sup>st</sup> Vehicle	2 <sup>nd</sup> Vehicle	3 <sup>rd</sup> Vehicle
<b>Driver</b>			
<b>Address</b>			
<b>Contact Tel No.</b>	Home ..... Bus ..... Cell .....	Home ..... Bus ..... Cell .....	Home ..... Bus ..... Cell .....
<b>Vehicle Make &amp; Model</b>			
<b>Registration Number</b>			
<b>Registered Owner</b>			
<b>Insurance Company</b>			
<b>Policy Number</b>			

**Kindly confirm the following**

1. No criminal action is contemplated against either party
2. The collision is at present under investigation and all papers will be forwarded, in due course, to the Public Prosecutor for his decision as regards prosecution.
3. The case appeared in the Magistrate's court in ..... on the ..... of ..... 20..... When ..... was convicted of .....
4. A deposit fine of \$...... was paid by ..... for .....
5. If no one was charged please state who was responsible for the accident .....

Name of Investigating Officer .....

Rank .....

Police Date .....

Stamp

