



TO : The member-in-Charge ZR Police

Date :

Claim Number :

Would you please be kind enough to return the original of this form, completed as appropriate.

INFORMATION SUBMITTED TO US

Name of person who advised police

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Physical Address of the above

.....

.....

Name and address of Company or individual owning
Or in lawful custody of items

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.....

Date reported to Police

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Police Station

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Date of loss

Location of loss / accident

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Brief description of how the loss happened

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List of stolen items (if applicable)

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.....

PLEASE ADVISE

If reported to you YES / NO

Lost property Book ref

Crime register ref

Station

Value of property \$

Name of accused (if applicable)

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In case of theft or house burglary

Method of entry

If property advised as stolen does not tie up
with opposite, state difference

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Has any property been recovered? If so give
details

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Have you noted our interest in the event of
recovery? YES / NO

.....

Investigating Officer's name

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Signature

POLICE OFFICIAL STAMP

