

**ZIMNAT LION INSURANCE COMPANY LIMITED**

Head Office

ZIMNAT HOUSE

3RD STREET/ NELSON MANDELA AVENUE, HARARE

P O BOX CY 1155, CAUSEWAY HARARE

TEL: 707591-6 FAX: 727214 TELEX: 22003

**POLICE MOTOR ACCIDENT REPORT**

The Member-In-Charge  
ZR Police

Date: \_\_\_\_\_

Dear Sir / Madam

Our Claim Number \_\_\_\_\_

Would you please be kind enough to return this form completed where appropriate. Thank you.

Yours faithfully

**CLAIMS DEPARTMENT**

**RSVP**

Dear Sir / Madam

T.A.R.B. No: ..... Place: .....

Day of Week: ..... Date: ..... Time: .....

	First Vehicle	Second Vehicle
Driver's Name Driver's Address		
Make & Model of Vehicle Registration Number		
Registered Owner Owner's Address		
Name of Insurance Co. Policy Number		

Witnesses Names & Addresses  
Brief Details Of Any Injury Sustained

Further to the above, it is advised for your information that:- (tick  as applicable)

- 1  No criminal action is contemplated against either party.
- 2  The collision under investigation; papers will be forwarded to the Public Prosecutor for decision
- 3  The case appeared in the Magistrate's Court at.....on..... when .....was convicted of driving .....
- 4  A deposit fine of \$.....was paid by .....for driving .....
- 5  A copy of sketch plan and / or photographs is / are available on receipt of the usual fee.

**NB: PLEASE TURN OVER FOR OTHER PARTIES INVOLVED**