



No. 2 Rudland / R. Tangwena
 off Samora Machel Ave
 Belvedere
 Harare
 Tel: 08677007506;
 08677116513
 Cell: 0772958936
 0731958936
 Email: claims@safel.co.zw

DATE: _____

The Officer in Charge
 Z R Police
 Traffic Section

Dear Sir,

Re: CLAIM NO. _____

We refer to the above and request that you kindly complete this form, where appropriate, and return it to us as soon as possible.

Thanking you in anticipation of your kind assistance,

Yours faithfully,
 Claims officer

T.A.R.B. No. _____ PLACE: _____

DAY OF WEEK: _____ DATE OF ACCIDENT: _____ TIME: _____

| | FIRST VEHICLE | LIST OF INJURED PERSONS | SECOND VEHICLE |
|------------------------|---------------|-------------------------|----------------|
| Driver | | | |
| Telephone Numbers | | | |
| Email Address | | | |
| Residence | | | |
| Business | | | |
| Make & Type of Vehicle | | | |
| Registration No. | | | |
| Owner | | | |
| Insurance Company | | | |

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 Court in _____ on _____
 When _____ was convicted.
4. A deposit fine of \$ _____ was paid by _____
 For Driving _____.
5. A copy of the sketch plan/photographs is/are available on receipt of the usual fee.

Name of Police Officer _____ Rank _____

Police date and stamp