

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

The Member In Charge

Dear Sir,

**CLAIM No**

Would you be kind enough to return this form completed where appropriate. Please pass back to correct branch if wrongly directed.

Yours faithfully,

(Claims department )

|                           |                      |                       |
|---------------------------|----------------------|-----------------------|
| T A R B                   | Place:               |                       |
| Day of the Week           | Date:                | Time                  |
|                           | <b>FIRST VEHICLE</b> | <b>SECOND VEHICLE</b> |
| Driver                    |                      |                       |
| Residence                 |                      |                       |
| Business                  |                      |                       |
| Make of vehicle           |                      |                       |
| Reg. number               |                      |                       |
| Insurance Company         |                      |                       |
| Witness, Name & Addresses |                      |                       |
| Details of Injuries       |                      |                       |
| Contact details           |                      |                       |

Further to the above it is advised for your information that :

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