

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)

	1 st Vehicle	2 nd Vehicle	3 rd vehicle
Driver			
Phone number			
Address			
Make & Type of M.V			
Registration Number			
Registered Owner(s)			
Insurance Company			
Policy Number			

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.....whenwas 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 Police Officer Rank

Police Date & Stamp: -