

## POLICE REPORT FORM

**Our reference:**

The Member In Charge  
Traffic Branch  
ZR Police

**Your reference:**

**Dear Sir**

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

Thank you

Yours Faithfully

CLAIMS DEPARTMENT

TAB NUMBER:.....  
DAY OF WEEK:.....

PLACE:.....  
DATE:.....  
TIME

**ACCIDENT DETAILS**

IT WAS NOTIFIED ON: .....  
BY:.....  
AT:.....(Police Station)  
TO:.....(Officer)

	OUR CLIENT'S VEHICLE	SECOND VEHICLE	THIRD VEHICLE
Driver			
Address			
Tel/ Mobile Number			
Email Address			
Employer			
Address			
Tel/ Mobile Number			
Email Address			
Vehicle Make			
Registration No.			
Registered Owner			
Insurance Company & Policy Number			

1. Please provide names and details of injuries/deaths.
2. No criminal action is contemplated against either party.
3. Criminal action is contemplated against ..... Party.
4. The collision is under investigation and papers will be forwarded to the Public Prosecutor for his decision.
5. A deposit of \$..... was paid by ..... for driving .....
6. The case appeared in the Magistrate's Court at ..... on..... when ..... was convicted of .....

Signed ..... Date .....

