OLDMUTUAL

TRAFFIC ACCIDENT REPORT FORM

Head Office	Finsure House Office	Old Mutual Centre	Mutual House	Mutual House
100 The chase (West)	Ground Floor	Cnr 8th Avenue/J Moyo Ave	7th Street,	Herbert Chitepo Street
Emerald Hill, Harare	**Cnr K Nkrumah/S Nujoma St**	**Bulawayo**	**Gweru**	**Mutare**
Tel : (04) 332646-53	Tel : (04) 332646-53	Tel : (09) 79333	Tel : (054) 221220	Tel : (020) 62336
Fax : (04) 332650	Fax : (04) 332650	Fax : (09) 79897	Fax : (054) 221939	Fax : (020) 61944
insure@oldmutual.co.zw	insure@oldmutual.co.zw	insure@oldmutual.co.zw	insure@oldmutual.co.zw	insure@oldmutual.co.zw

Our Ref:..... Date .....

The Officer/Member-in-Charge
Zimbabwe Republic Police

....

ROAD TRAFFIC ACCIDENT ENQUIRY FORM

SECTION I (To be completed by Insurance Company)

Claim No. ..... Client's Name .....

Date of Occurrence ..... Day of Week ..... Time .....

Place .....

Vehicle Registration No. ..... Make & Type of Motor Vehicle .....

Insurance Policy No. ..... Expiry Date .....

Would you please supply information relating to the above vehicle as requested below. Please re-direct if this form is misdirected. Thank you.

Signature: .....

For: CLAIMS MANAGER

SECTION II (To be completed by ZRP)

(I) Reference No. (Please delete inapplicable) CR/TAB/SD .....

(ii) PARTICULARS OF OUR CLIENT

Drivers Name ..... National Registration No. .....

Address (Business) ..... Driver's Licence No. .....

..... Phone No. (Bus) ..... Home .....

Address (Residential) ..... Fax No. (Bus) ..... Home .....

..... e-mail ..... Cell.....

Witness : Name ..... Address .....

.....

Brief details of any injuries sustained .....

.....

Brief details of any damages sustained .....

.....

(iii) PARTICULARS OF SECOND VEHICLE

Drivers Name ..... National Registration No. .....

Address (Business) ..... Driver's Licence No. .....

..... Phone No. (Bus) ..... Home .....

Address (Residential) ..... Fax No. (Bus) ..... Home .....

..... e-mail ..... Cell.....

Make & Type of Vehicle ..... Registration No. .....

Insurance Company ..... Policy No. ..... Expiry Date .....

P.T.O.

Registered Owner ……. Address ……

……

Brief details of any injuries sustained ……

……

Brief details of any damages sustained ……

……

(iii) **SECTION III (To be completed by ZRP)**

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 Prosecutor for his decision, however, charges are being preferred against 1st 2nd 3rd party (delete inapplicable).
3. Nature of charges laid:

   ……
4. The case appeared in the Magistrate's Court at …… on …… when 1st 2nd 3rd (delete inapplicable) party was convicted of …… and sentenced to ……
5. A deposit fine of $..... was paid by …… at …… Z69 "J" No. …… Receipt No. …… Date paid ……
6. A copy of the sketch plan and/or photographs is/are available on receipt of the usual fee.

Signature:..... Designation:.....

Number: ..... Rank:..... Name:.....
(Please Print)

Station Date Stamp: