

ALLIANCE INSURANCE COMPANY (PVT) LIMITED

HARARE ADDRESS

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 P.O Box Bw 339, Borrowdale, Harare
 Tel: +263 4 882060; +263 4 882150/56
 Fax: +263 4 882229
 Email : queries@aic.co.zw

BULAWAYO ADDRESS

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TRAFFIC ACCIDENT POLICE REPORT

POLICE STATION:

INSURED:

CLAIM No:

DATE:

TIME OF ACCIDENT:

TAB/RBB No:

DATE OF ACCIDENT:

PLACE OF ACCIDENT:

	FIRST PARTY	SECOND PARTY	THIRD PARTY
NAME			
BUS. ADDRESS			
RES. ADDRESS			
TYPE OF VEHICLE			
VEH.REG.NO.			
Registered Owner & Address			
INSURANCE CO			
POLICY NO.			
TELEPHONE NO.			

FURTHER TO THE ABOVE IT IS ADVISED THAT:

1. No criminal action is contemplated against either party.
2. The accident is under investigation and papers will be forwarded to the public prosecutor for decision.
3. The matter was taken to court and finalized as follows:
 - a) Offence
 - b) Verdict/sentence
4. A deposit fine of \$.....was paid for.....(offence)by the following party, First/ Second/ Third.
5. Charges are being preferred against First, Second, Third, Fourth Party.
6. A copy of the sketch plan or photographs is. Are available on receipt of usual fee.
7. Foul play is suspected.

Name of Police Officer**Force No.....**

Police Date & Stamp