

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 <sup>st</sup> Vehicle	2 <sup>nd</sup> Vehicle
Driver		
Phone number		
Address		
Make & Type of M.V		
Registration Number		
Registered Owner(s)		
Insurance Company		
Policy Number		

Kindly confirm the following:-

- No criminal action is contemplated against either party
- 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
- The case appeared in the Magistrate's Court in ..... on the..... when  
.....was convicted of .....
- A deposit fine of \$ ..... was paid by ..... for  
.....
- If no one was charged please state who was responsible for the accident  
.....

Name of Police Officer ..... Rank .....

**Police Date & Stamp: -**