

Suite 12, 1st Floor, Westbourne Building, J Tongogara Street, Bulawayo Tel: 885579, 885580 Fax: 885580

DATE

The Officer In Charge ZR Police Traffic Section

Dear Sir

Re: Claim No_____

We refer to the above and request that you kindly complete this form, where appropriate, and return it to us as soon as possible.

Thanking you in anticipation of your kind assistance,

Yours faithfully

<u>.....</u>

T.A.R.B No	PLACE:			
DAY OF WEEK:	DATE :	TIME:		
Г ————		SECOND VEHICLE		
	FIRST VEHICLE	SECOND VEHICLE	THIRD VEHICLE	
Driver				
Residence				
Business				
Make & Type of Vehicle				
Registration No.				
Owner				
Insurance company				

1. No criminal action is being contemplated against either party.

- 4. A deposit fine of \$_____was paid by_____for driving_____

5. A copy of the sketch plan/photographs is/are available on receipt of the usual fee.