



FBC Insurance Company Limited

**Eagle House
105 Jason Moyo Avenue
P.O. Box 2894
HARARE**

**Phone 708212/9
Fax 797135**

All communications to be addressed to the company

Our reference:

Your Reference:

Our Claim Number :

Date:

Officer In Charge
Zimbabwe Republic Police

Dear Sirs

Please be kind enough to complete and return the original of this form to ourselves.

TAB/RRB No.	Date of Accident:
Place of Accident	Time:

Details	First Vehicle	Second Vehicle	Third Vehicle
Driver			
Address			
Telephone Number			
Employer			
Vehicle Make			
Registration No			
Registered Owner			
Insurance Company			

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

Signed..... DateStamp.