



HERITAGE INSURANCE COMPANY OF ZIMBABWE (PRIVATE) LIMITED

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ROAD TRAFFIC ACCIDENT ENQUIRY FORM

Section 1 (to be completed by the insurance company)

OFFICER/MEMBER IN CHARGE: POLICE:

Claim Number	Client's name:
Date of occurrence:	Day of Week Time
Place
Vehicle Reg. 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 the ZRP)

TAB:

Reference Number: (Please delete inapplicable)

CR:

1) PARTICULARS OF OUR CLIENT

CD:

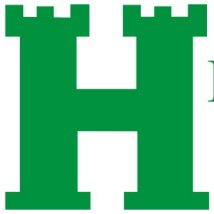
Driver's Name	National Reg. No
Address - Business	Driver's Licence No
.....	Endorsements (if any) Please supply:-
.....
Address-Residential:.....	Phone No – Business Home
.....	Fax No – Business Home
Witness: Name	Email Address:.....
Name.....	Address:.....
.....	Address:.....

Brief details of any injuries sustained:
.....

Brief details of any damages sustained:
.....

ii) PARTICULARS OF SECOND VEHICLE

Driver's Name:.....	National Reg. No:.....
Address – Business:.....	Driver's Licence No:.....
.....	Phone No – Business:..... Home
Address – Residential	Fax No – Business:..... Home
.....	Email Address:.....
Make & Type of Vehicle:.....	Registration No:.....
Insurance Company:.....	Policy No:..... Expiry Date.....
Registered Owner:.....	Address:.....



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Brief details of injuries sustained:

Brief details of any damages sustained:

iii) PARTICULARS OF THIRD VEHICLE

Driver's Name:-----	National Reg. No:-----
Address – Business:-----	Driver's Licence No:-----
-----	Phone No – Business:----- Home -----
Address – Residential -----	Fax No – Business:----- Home -----
-----	Email Address:-----
Make & Type of Vehicle:-----	Registration No:-----
Insurance Company:-----	Policy No:----- Expiry Date-----
Registered Owner:-----	Address:-----

Brief details of injuries sustained:

Brief details of any damages sustained:

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 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