

Police Motor Accident Report

The Member-in-charge

Dear Sir/Madam

Would you please be kind enough to return the original of this form complete as appropriate.

Thank you

Yours faithfully

Claims department

PLEASE USE BLOCK LETTERS

Claim Number:	Date:
---------------	-------

T.A.R.B. number:		
Place of accident:		
Police station:		
Day of week:	Date:	Time: pm/am

	First Party	Second Party	Third Party
Driver's name:			
Driver's address:			
Driver's cell number:			
Registration number:			
Make and model of vehicle:			
Name of insurance company:			

Owner's address:	
Owner's cell number:	
Name of insurance company:	Policy number:
Witness(es) name(s):	
Witness(es) address:	
Brief details of any injury(s) sustained:	

Further to the above, it is advised for your information that: ☒ applicable

1	No criminal action is contemplated against either party. Yes <input type="checkbox"/> No <input type="checkbox"/>
2	The collision under investigation; papers will be forwarded to the Public Prosecutor for decision. Yes <input type="checkbox"/> No <input type="checkbox"/>
3	The case appeared in the Magistrate's Court:-
	At on when
	was convicted of driving
4	A deposit fine of \$ was paid by for driving
5	A copy of sketch plan and/or photographs is/are available on receipt of the usual fee. Yes <input type="checkbox"/> No <input type="checkbox"/>

Attending police officer

Surname:	First name:
Rank:	Mobile No.:
Signed:	Date: