

# CLARION INSURANCE COMPANY (PRIVATE) LIMITED

340 Herbert Chitepo Ave  
Tel: 08611326926/8/9

Email: insurance@clarion.co.zw

The Officer/Member-in-Charge  
Zimbabwe Republic Police.....

Date:.....

## ROAD TRAFFIC ACCIDENT ENQUIRY FORM

DATE OF ACCIDENT.....Place .....TAB NO./ IRR NO.....Time.....

	First Party	Second Party	Third Party
Driver			
Business Address			
Residential Address			
Registered Owner			
Type Of vehicle			
Vehicle Registration			
Tel No/ Cell No.			
Insurance Company			
Insurance Policy			

FURTHER TO THE ABOVE, IT IS ADVISED THAT;

- 1) No criminal action is contemplated against either party.
- 2) The accident is under investigations and the papers will be forwarded to the public prosecutor for decision making
- 3) The matter was taken to court and finalized as follows

a) Offence.....

b) Verdict/ Sentence.....

4) Deposit fine of \$..... was paid by.....for (offence).....

**Officers Name:** ..... **Signature:** .....

**Contact Number:** .....

