



From :

**BRIGHT Insurance Brokers Zimbabwe (Pvt) Ltd.**

5<sup>th</sup> Floor Beverley Court  
100 Nelson Mandela Avenue  
P O Box 2019  
HARARE  
Telephone..706391/9

Dear Sir/Madam,

**RE: OUR CLAIM NO.....INSURED:.....**

We require certain information relating to an accident as stated below and would ask that you complete this form where appropriate and return it to us as soon as possible. Thank you very much for your assistance.

Yours faithfully,

**This Accident was reported:**

On:.....  
By:.....  
At:.....

**CLAIMS DEPARTMENT**

----- (Complete this section and return to BRIGHT Insurance Brokers (Pvt.) Ltd.)  
T.A.R.B. Number:..... Place of Accident: ..... Date of Accident:.....

	<b>FIRST PARTY</b>	<b>SECOND PARTY</b>	<b>THIRD PARTY</b>
<i>Name of driver</i>			
<i>Residential Address</i>			
<i>Business Address</i>			
<i>Phone number</i>	Home:..... Bus:.....	Home:..... Bus:..... .....	Home:..... Bus:.....
<i>Name and type of vehicle</i>			
<i>Registration number</i>			
<i>Name of owner / Address</i>			
<i>Insurance Company</i>			
<i>Policy Number</i>			

Time:.....am/pm

Weather Condition:.....

**NOTE:** If more than two parties were involved please show further details over leaf.

1.  No criminal action is contemplated against either party.
2.  The collision is at present under investigations and all papers will be forwarded in due course to The Public Prosecutor for his decision as regards prosecution.
3.  The case appeared in the Magistrate's Court at.....on .....when .....was convicted of .....
4.  A deposit fine of \$.....was paid by.....  
For.....(offence)
5.  Other comments you wish make:.....

.....  
**Signature of Person Completing  
this Form**

.....  
**Name**

.....  
**Rank and Number**

(Please stamp this form)



*Date:*.....