



POLICE DECLARATION REPORT

INSTRUCTIONS:

1. To be completed by the Investigating Officer at the Police Station, where the incident was reported.
2. This report is required to consider a claim under the under-mentioned policy.

1. POLICY DETAILS:

Name of Group Risk Policy

Policy no

Name of Employer

2. EMPLOYEE DETAILS:

Title

Initials

Surname

Full name(s)

ID no

Contact no

3. INCIDENT:

Where did the incident occur?

In which magistral district?

Police Station where the incident was reported

Case reference no

A short description of the circumstances of the incident:

MOTOR ACCIDENT (complete if applicable)

Was the Insured involved in a motor vehicle accident?

 Yes No

Was the Insured:

 Driver Passenger Pedestrian

If a driver, were there any passengers in the vehicle?

 Yes No

How many vehicles were involved?

 vehicles

Registration no(s)

1. 2. 3.

Initial

