

Public liability accident report form



Zurich Insurance Company Botswana Limited
Registration No. CO/2043 VAT No. 0754501112

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Insurer	
Policy number	Claim number
Broker/Agent	
Insured	Name
	Address and telephone number
	Business or occupation
Description of accident	Date and time
	Place where accident occurred
	State exactly how the accident occurred
Witnesses	Name, address and telephone number
	Witness 1
	Witness 2
Police	If reported to police, state which station and reference number
	Police station
	Reference number