

POLICE REPORT

THE MEMBER IN CHARGE Z.R POLICE

Date	
RE: CLAIM NUMBER	
Would you PLEASE be kind enough to return the original require the form to be furnished with your date stamp.	of this form completed as appropriate. We also
INFORMATION SUBMITTED	PLEASE ADVISE
Name of person who reported Loss to Police	If reported to you YES/NO
Physical Address of above	Crime Register Ref
	Station
Name and Address of Company or individual Owning or in lawful custody of items advised to you	Name and Address of accused (if available)
Date reported to the Police	(IN CASES OF THEFT OR HOUSE BURGLARY) Method of entry
Police Station	
Date of Loss/Theft	If property reported as stolen does not tie in With the opposite, please state
Location of Loss/Theft	
Brief details of loss/Theft (including list of items Stolen if applicable)	Has any of the Property been Recovered. If so please give details
	Have you noted our interest in the event of recovery YES/NO
YOURS FAITHFULLY	SIGNED

CLAIMS DEPARTMENT