



NICOZDIAMOND
INSURANCE LIMITED

You never know what will happen
A member of FIRST MUTUAL HOLDINGS LIMITED

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Central Vehicle Registry
P O Box 8139
Causeway
HARARE

Dear Sir/Madam

Re: **CONFIRMATION OF DRIVING LICENCE DETAILS**

As the Insurers of -----, we are interested in an accident which occurred on ----- and we would like to verify the driver's license details. Kindly confirm the details below.

NAME OF DRIVER

DATE OF BIRTH

ID NUMBER

DRIVERS LICENCE NUMBER

DATE OF ISSUE: _____

PLACE OF ISSUE: _____

CLASSES HELD: _____

DETAILS OF ENDORSEMENTS: _____

DETAILS OF PREVIOUS LICENCES HELD: _____

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

WARNING: INSURANCE FRAUD IS A CRIME

