



POLICE REPORT

To be completed by the Investigating Officer at the police station where the death of the deceased was reported.

This certificate is required to substantiate an unnatural death claim and will be confidential. Please ensure that all questions are answered in full.

This claim needs to be registered under Policy No:

1. PARTICULARS OF LIFE ASSURED (THE DECEASED):

First Name: Surname:
ID no: Occupation:

2. PARTICULARS OF POLICE CASE:

Police station where death was reported: Tel. no:
Name and rank of Investigating Officer:
Date, time and place of death:
Magisterial district: Case no:
Who identified the deceased? Date identified:
What is the person's relationship to the deceased?

3. CAUSE OF DEATH:

Is there any indication that the deceased may have committed suicide?
If yes, please elaborate?
Was the deceased involved in a motor vehicle accident?
Date of accident: Time of accident:
Was the deceased THE DRIVER: A PASSENGER: PEDESTRIAN:
Did the vehicle that was involved in the accident belong to the deceased?
If the deceased was the driver, was an alcohol test done at the scene of the accident?
Was an alcohol test done at the time of the post-mortem?

PLEASE ATTACH COPIES OF THE FOLLOWING:

Reports:

- Medico-legal post-mortem examination and autopsy;
- toxicology;
- blood; and
- specimen alcohol content.

Affidavits:

- All affidavits already obtained in respect of this investigation.

Was the deceased involved in an assault? Y N If yes, was the deceased an innocent bystander? Y N

If no, please give details:

Details of place of death i.e. home address/hospital/medical centre:

4. LEGAL DETAILS:

Has, or will an inquest be held? Y N

Name of court: Date of inquest: Y Y Y Y M M D D

Inquest no: Reference no:

Have, or will criminal proceedings be instituted? Y N

What was the charge?

Who was charged?

If judgment has been given, what was the verdict?

Name of court: Date of trial: Y Y Y Y M M D D

Trial no: Case reference no:

Please give a short description of the circumstances of death:

Dated at: the day of 20

Signature of Investigating Officer: Official Stamp:

DISCLAIMER:

- Kindly note that we may request additional information.
- The cost incurred in completing this form is for the claimant's account.