

# POLICE REPORT



1. This document is an additional requirement to the funeral / death claim documentation, but only if cause of death is accidental

Policy number

## A. Details of claimant

Male  Female   
Full names \_\_\_\_\_ Surname \_\_\_\_\_  
ID/ Passport number \_\_\_\_\_

## B. Statement by police

To be completed by the Investigating Officer at Station where incident was reported.  
Case number   
Nature of accident/death  Traffic Accident  Work Accident  Assault  Aviation  
If nature was traffic accident, please specify  Pedestrian  Passenger  Driver  
Give a description of the circumstances of death  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was a post mortem done? (if yes, copies of post mortem report should be submitted)  Yes  No  
Was a blood test done? (if yes, copies of blood test result should be submitted)  Yes  No  
Is suicide suspected?  Yes  No  
Was a post mortem done? (if yes, copies of post mortem report should be submitted)  Yes  No

Date of Inquest Y Y Y Y / M M / D D Inquest number

Date of Case Y Y Y Y / M M / D D Court Name \_\_\_\_\_

Will criminal charges be brought? (if yes, state the charges below)  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

Who will the charges be brought against? \_\_\_\_\_  
Full Names and Surname of investigating officer \_\_\_\_\_

## C. Details of deceased

Relationship to deceased  Spouse  Child  Extended Family Member  Other  
Full names \_\_\_\_\_ Surname \_\_\_\_\_  
ID/ Passport number \_\_\_\_\_ Date of death Y Y Y Y / M M / D D  
Cause of death \_\_\_\_\_

#### D. Declaration by Investigating Officer

Name of Police Station \_\_\_\_\_

Contact Number of Police Station \_\_\_\_\_

Contact Number of Investigating Officer \_\_\_\_\_

\_\_\_\_\_  
Signature of Investigating officer

Y Y Y Y / M M / D D

Date

\_\_\_\_\_  
Police Station Stamp

#### Contact us

Client Services:

010 880 5055

Physical address:

1 Sturdee Avenue, Rosebank 2196

E-mail address:

service@africanrainbowlife.co.za