



Statement by Police Service official to whom death was reported
Funeral claims

Please return the completed form to: Policy Death Claims

Telephone number 0861 106 180 E-mail address deathclaimsfamily@sanlam.co.za
Fax number (021) 947 4487 Postal address PO Box 1, Sanlamhof, 7532

Policy number

Particulars of deceased

Name and surname
Date of birth (dd/mm/ccyy)
Date of death (dd/mm/ccyy) Case reference number

Details of the death

- 1. Was the deceased involved in a motor vehicle/motorcycle accident? Yes No
If "Yes", was the deceased: the driver a passenger a pedestrian
2. Was the deceased involved in an assault? Yes No
3. Was the deceased involved in a shooting accident? Yes No
Did the deceased take his/her own life intentionally or did a shooting accident occur?
Is anyone being held responsible for the accident?
4. Has any person been prosecuted or are they to be prosecuted? Yes No
What was/is the charge?
Full names and surname of person who was/is to be prosecuted:
Relationship between accused and deceased?
The date of the trial: (dd/mm/ccyy)
Number and reference of the trial:
If sentence has been passed, what was the verdict?
5. Give a brief description of the circumstances that resulted in the death.

Particulars of investigating officer

Name and surname
Signature
Telephone number (w)
Fax number (w)
Cell phone
Date (dd/mm/ccyy) Place
Official stamp of Police Service (Compulsory)