



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

Please return the completed form to: Policy Death Claims

Telephone number (021) 916 3456 E-mail address deathclaims@sanlam.co.za
Fax number (021) 947 3989 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
If the driver, did the deceased own a valid driver's licence? Yes No
Was an alcohol test performed? Yes No
What type of fluid sample was taken? Blood Ophthalmic
What was the result of this test?

Please note: If the person was killed in a motor vehicle/motorcycle accident, please attach the traffic accident report, sketch plan and key to the sketch plan to the form.

- 2. Was the deceased involved in an assault? Yes No If "Yes", please answer the following:
Did it occur during the performance of his/her duties? Yes No
Was the deceased a bystander? Yes No
Was the deceased the aggressor? 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? Yes No
4. Has any person been prosecuted, or are they to be prosecuted? Yes No
What was/will the charge be?
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. Has an inquest been held, or must one still take place? Yes No
(If already held, please attach all the submitted statements and plans to this form).
Date of inquest / / (dd/mm/ccyy)
Number and reference of inquest:

Policy number \_\_\_\_\_

6. Give a brief description of the circumstances that resulted in the death.

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**Please note: Attach autopsy report.**

**Particulars of investigating officer**

Name and surname \_\_\_\_\_

Signature \_\_\_\_\_

Telephone number (w) (      ) \_\_\_\_\_

Fax number (w) (      ) \_\_\_\_\_

Cell phone \_\_\_\_\_

Official stamp of Police Service (*Compulsory*)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)      Place \_\_\_\_\_