

Police Report

X2

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 number: _____

1. Particulars of the Insured

Full name of the deceased: _____

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 where case was reported _____ Magisterial District: _____

Case Number: _____

3. Cause of Death

Is there any indication that the Deceased may have committed suicide? _____

If yes, how did the deceased commit suicide? _____

Was the Deceased involved in a motor vehicle accident? YES: _____ NO: _____

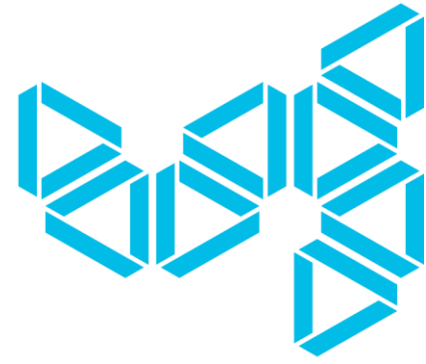
Date and time of accident: _____

Address where the accident happened: _____

Was the Deceased THE DRIVER: _____ A PASSENGER PEDESTRIAN: _____



Caring | Compassionate | Compensation



If deceased was the driver of the vehicle, please attach a valid driver's license.

Did the vehicle that was involved in the accident belong to the Deceased? YES: _____ NO: _____

Please attach a copy of valid motor license disk.

If the Deceased was the driver, was an alcohol test done at the scene of the accident? YES: ____ NO: ____

Was an alcohol test done at the time of the PostMortem? YES: _____ NO: _____

PLEASE ATTACH A COPY OF THE MEDICO LEGAL POST-MORTEM EXAMINATION REPORT TOGETHER WITH A COPY OF THE BLOOD/ SPECIMEN ALCOHOL CONTENT REPORT.

ATTACH A COPY OF THE ACCIDENT REPORT.

Was the Deceased involved in an assault/murder? YES: __ NO: _____

Was the Deceased an innocent bystander? YES: _____ NO: _____

If your answer is No, please give details (i.e. home address/ hospital/medical centre) _____

4. Legal Details:

Has or will an Inquest be held? YES: _____ NO: _____

Name of Court: _____ Date of Inquest: _____

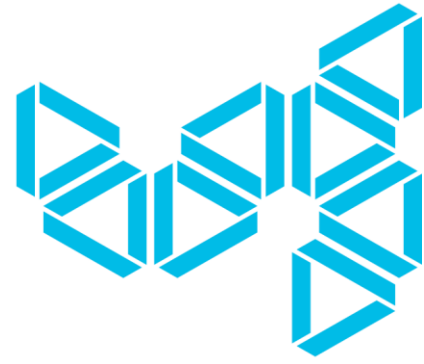
Inquest No and Reference No: _____

Have or will Criminal proceedings be instituted? YES: _____ NO: _____

What was the charge: _____

Who was charged? _____

If judgment had been given, what was the verdict? _____



Name of Court: _____ Date of Trial: _____

Trial number and Reference No: _____

Please give a short description of the circumstances of death: _____

Dated at: _____ the _____ day of _____ 20_____

Signature of Investigating Officer _____



THE COST INCURRED IN COMPLETING THIS FORM IS FOR THE CLAIMANT'S ACCOUNT