



## 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 Death: \_\_\_\_\_ 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: \_\_\_\_\_

Was the Deceased THE DRIVER: \_\_\_\_\_ A PASSENGER PEDESTRIAN: \_\_\_\_\_

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

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 Post Mortem? 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.**

Was the Deceased involved in an assault? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Was the Deceased an innocent bystander? YES: \_\_\_\_\_ NO: \_\_\_\_\_





If your answer is 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? 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: \_\_\_\_\_

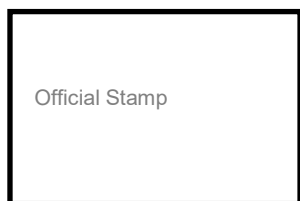
Trial number and Reference No: \_\_\_\_\_

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**

