

Email completed & signed documents to:
claims@simply.co.za **Or post to:** Simply
Financial Services 3rd Floor, Grove
Exchange 9 Grove Avenue, Claremont 7945

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:

Particulars of the insured

Full name of the deceased:

ID number: Occupation:

Particulars of the police case

Police station where death was reported:

Phone number:

Case number:

Name and rank of investigating officer:

Date and time of death:

Place of death:

Magisterial district:

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 or a 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 accident scene? (yes/no)

Was an alcohol test done at the time of the post mortem? (yes/no)



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Hollard Life Assurance Company Limited
(Reg No. 1993/001405/06), a Licensed Life Insurer
and an authorised Financial Services Provider

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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 (e.g. home, hospital, medical centre):

Legal details

Has or will an inquest be held? (yes/no)

Name of court: Date of inquest:

Inquest number: Reference number:.....

Have or will criminal proceedings be instituted? (yes/no)

What was the charge?

If judgement was given, what was the verdict?

Name of court: Date of trial:

Trial number: Reference number:

Please give a short description of the circumstances of death:

Dated at:

Date (dd/mm/yy):

Signature of Investigating Officer

OFFICIAL STAMP

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



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