

Police Report



1. This document is an additional requirement to the funeral / death claim documentation, but only if cause of death is accidental

Policy number

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A. Details of claimant

Male Female

Full names _____ Surname _____

ID/ Passport number _____

B. Statement by police

To be completed by the Investigating Officer at Station where incident was reported.

Case number

Nature of accident/death Traffic Accident Work Accident Assault Aviation

If nature was traffic accident, please specify Pedestrian Passenger Driver

Give a description of the circumstances of death

Was a post mortem done? (if yes, copies of post mortem report should be submitted) Yes No

Was a blood test done? (if yes, copies of blood test result should be submitted) Yes No

Is suicide suspected? Yes No

Was a post mortem done? (if yes, copies of post mortem report should be submitted) Yes No

Date of Inquest Y Y Y Y / M M / D D

Inquest number

Date of Case Y Y Y Y / M M / D D

Court Name _____

Will criminal charges be brought? (if yes, state the charges below) Yes No

Who will the charges be brought against? _____

Full Names and Surname of investigating officer _____

C. Declaration by Investigating Officer

Name of Police Station _____

Contact Number of Police Station _____

Contact Number of Investigating Officer _____

Signature of Investigating officer

 Y Y Y Y / M M / D D
Date

Police Station Stamp

Contact us

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