

STATEMENT OF POLICE



This form is to be completed by the investigating officer at the police station where the incident / accident causing the claimant's death was reported.

This certificate is required to substantiate a claim under		POLICY NUMBER																	
Issued by Different Life on the life of		Title. Name Surname																	
and will be treated in strict confidence																			
Surname of Life Assured																			
Full Name / s																			
Alias (also known as)																			
	Y	Y	Y	Y	M	M	D	D											
Date of Birth									ID No.										
Date of Incident														Time of Incident			:		
Place of Incident																			
Magisterial District																			
Name of police station where incident was reported																			
Investigating Officer		Tel / Cell Number																	
Case reference number																			
Was the life insured involved in a motor vehicle accident?												Yes			No				
If Yes, please furnish a full copy of the road traffic accident report																			
Was the life assured a driver, passenger or pedestrian?																			
If driver, was the life assured in possession of a valid driver's licence?												Yes			No				
Was a blood test done?						Yes			No			Results							
Were there any witnesses to the incident?																			
Is the claimant left or right handed?																			

Was a Post Mortem held? (If available please attach copy)

Yes

No

If YES please provide details – I.D. / Results / Reference

Name of mortuary where post-mortem was held

Name of Doctor who performed the post-mortem

Has there or will there be an inquest?

Yes

No

If YES, please advise:

Y Y Y Y M M D D

Date of Inquest

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Inquest Ref. No.

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If available please enclose a copy of the inquest report

Are the circumstances of death unusual or under suspicion? If yes, why?

Have or will criminal proceedings be instituted?

Yes

No

If so, on what charge?

Signed at

On _____ day of _____ of 20____

Full name of investigating officer

Rank of investigating officer

Signature

Contact Telephone

Cell

On completion, please fax this form to Any questions please call

OFFICIAL STAMP