

Statement by Police - Death

How to complete this form

This form should be completed by the investigating officer at the police station where the death or the insured was reported.

Please complete clearly in black ink.

To avoid queries, please ensure this document is completed in full.

Details of Death

This document is required to substantiate a death claim in terms of Policy number

Surname

Full Names

Also known as

Date of Birth

Date of death

Place of death

Magisterial district

Details of the person who identified the deceased:

Surname

Full Name

Contact Details

Exact date the deceased was identified

Name of the police station where the death was reported

Case reference number

Was the deceased involved in a Motor vehicle accident?

YES

NO

Was the deceased the Driver Pedestrian Passenger

If the deceased was the driver, did her/she have a valid driver's licence? YES NO

Please include a full copy of the road traffic accident report

Was a blood alcohol test done? YES NO

If yes, please include the results

Was a postmortem carried out? YES NO

If yes, please include a copy.

Body number

Is suicide suspected? YES NO

Was the deceased right or left-handed? Right Left

Were there any witnesses to the accident/death? If so, please provide names and contact details

Has an inquest been held? YES NO

Date of Inquest Date Inquest No and Reference

Name of court

Have any sentence been passed? YES NO

Please state what sentence has been passed?

Date of trial Date Reference Number

Full names and Surname as well as contact details of the person/s that was charged

If not held, are inquest proceedings still to be instituted? YES NO

Are the circumstances of the death unusual or under suspicion YES NO

If yes, why?

Please provide a short description of the circumstances of death

Signed at (town or city)		on (date)	
Full name and rank of investigating officer			
Signature		Office telephone number	
		Cellphone number	

Once completed, please send this form to RMA Life

By e-mail funeralclaims@randmutual.co.za
By fax 010 214 3363
For all Claims, related queries call 0860 102 532

Official Stamp
