



Statement by Police Service official to whom death was reported
Death claims

Please return the completed form to: Policy Death Claims

Telephone number (021) 916 3456

E-mail address deathclaims@sanlam.co.za

Fax number (021) 947 3989

Postal address PO Box 1, Sanlamhof, 7532

Policy number

Particulars of deceased

First name Further initials

Surname

Date of birth (dd/mm/ccyy)

Date of death (dd/mm/ccyy) Case reference number

Details of the death

- 1. Was the deceased involved in a motor vehicle/motorcycle accident? Yes No
If "Yes", was the deceased: the driver a passenger a pedestrian
If the driver, did the deceased own a valid driver's licence? Yes No
Was an alcohol test performed? Yes No
What type of fluid sample was taken? Blood Ophthalmic
What was the result of this test?

Please note: If the person was killed in a motor vehicle/motorcycle accident, please attach the traffic accident report, sketch plan and key to the sketch plan to the form.

- 2. Was the deceased involved in an assault? Yes No If "Yes", please answer the following:
Did it occur during the performance of his/her duties? Yes No
Was the deceased a bystander? Yes No
Was the deceased the aggressor? Yes No
3. Was the death as a result of a shooting incident? Yes No
Did the deceased take his/her own life intentionally? Yes No
Was the deceased involved in a shooting accident? Yes No
Is anyone being held responsible for the accident? Yes No
4. Has any person been prosecuted, or are they to be prosecuted? Yes No
What was/will the charge be?
Full names and surname of person who was / is to be prosecuted:
Relationship between accused and deceased?
The date of the trial: (dd/mm/ccyy)
Number and reference of the trial:
If sentence has been passed, what was the verdict?

Policy number _____

5. Has an inquest been held, or must one still take place? Yes No

(If already held, please attach all the submitted statements and plans to this form).

Date of inquest ____ / ____ / ____ (dd/mm/ccyy)

Number and reference of inquest: _____

6. Give a brief description of the circumstances that resulted in the death.

Please note: Attach autopsy report.

Particulars of investigating officer

Name and surname _____

Signature _____

Telephone number (w) _____

Fax number (w) _____

Cell phone _____

Official stamp of Police Service (*Compulsory*)

Date ____ / ____ / ____ (dd/mm/ccyy) Place _____