

onespark

Police Report

EMAIL COMPLETED & SIGNED DOCUMENTS TO:

claims@onespark.co.za

THIS DECLARATION MUST BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE DEATH OF THE LIFE ASSURED 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)

POLICY NUMBER

Name and Surname of the deceased

ID number of the deceased

Occupation of the deceased

Name of Police station where the case was reported?

Case Reference number?

INVESTIGATING OFFICER'S DETAILS

Name

Telephone

Fax

Magisterial district

Email

Date of the accident

Time of the accident

Where applicable - Please indicate with 'X'

Did the deceased die at: The scene At home
 On route to hospital In hospital

Was the death as a direct result of any of the following:

Road traffic accident Driver Passenger Pedestrian
 Murder Assault Shooting

Please provide a brief description of the events surrounding the death:

Was deceased in possession of a valid driver's license? Yes No

Was a blood alcohol analysis done? Yes No

Results of the analysis? (if applicable) g/100ml

Was the deceased in violation of any act of the law? Yes No

Did the incident occur during the execution of normal duties? Yes No

Was the death due to war, civil commotion, rebellion or an act of terrorism? Yes No

Is there reason to believe that the deceased committed suicide? Yes No

If yes, was there a suicide note? Yes No

Was a Post Mortem performed? Yes No

What are the official results of the Post Mortem?

Has or will an Inquest be held?

Yes No

Name of Court?

Date of Inquest?

Inquest number & ref no?

Have or will criminal proceedings be instituted?

Yes No

Criminal Act?

Accused?

Trial date?

Trial reference number?

Verdict?

Name of investigating officer?

Rank?

Signature

No.

Cell No.

Fax No.

I declare that all the forgoing statements are true and have not been altered in any way.

Signed at: on this day of 20

Stamp