

## DEATH CLAIM FORM

(To be completed by police)

Please note that should there be any charges for the completion of this form, such charges will be for the life insured's account.

The claim will only be considered if every question has been completed in full by the investigating officer at the police station where the death of the deceased was reported.

**Return this completed form and the copies to [lifecclaims@hollard.co.za](mailto:lifecclaims@hollard.co.za) or fax to 086 659 0135.**

### 1. Life Insured details

Policy no. \_\_\_\_\_ Identity no. \_\_\_\_\_

Name of insured \_\_\_\_\_

Occupation \_\_\_\_\_

Date of birth 

D	D	M	M	Y	Y	Y	Y
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 Date of death 

D	D	M	M	Y	Y	Y	Y
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Place of death \_\_\_\_\_ Time of death \_\_\_\_\_

Cause of death \_\_\_\_\_

Magisterial district \_\_\_\_\_

Police station where incident was reported \_\_\_\_\_

Case no. \_\_\_\_\_ Date reported 

D	D	M	M	Y	Y	Y	Y
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Name of investigating officer \_\_\_\_\_

1.1 Was the deceased involved in a motor accident? YES  NO

a. If YES, was the deceased a driver, passenger or pedestrian? \_\_\_\_\_

b. If YES, was a blood alcohol test done on the deceased? YES  NO

c. If YES, what were the results of the blood alcohol test? \_\_\_\_\_

1.2 Was the deceased involved in an assault? YES  NO

a. If YES, was the deceased an innocent bystander? YES  NO

1.3 Is suicide suspected? YES  NO

1.4 Is there any suspicion or probability of family involvement in the death of the deceased? YES  NO

1.5 Has an inquest been held or will one be held? YES  NO

a. If YES, name of court \_\_\_\_\_

b. If YES, date of inquest held/to be held 

D	D	M	M	Y	Y	Y	Y
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c. If YES, inquest number and reference \_\_\_\_\_

1.6 Was a post-mortem done? YES  NO

1.7 Have/will criminal proceedings been/be instituted? YES  NO

a. If YES, name the person charged \_\_\_\_\_

b. What were/are the charges? \_\_\_\_\_

- c. If judgement has been given, what was the verdict? \_\_\_\_\_
- d. Which court? \_\_\_\_\_
- e. Date of trial 

D	D	M	M	Y	Y	Y	Y
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- f. Trial and reference no. \_\_\_\_\_

1.8 Give a short description of the circumstances of the death

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**2. Declaration by police**

I declare that the statements above are true and complete.

Full name \_\_\_\_\_

Rank \_\_\_\_\_

Station \_\_\_\_\_

Tel. no. \_\_\_\_\_

Official stamp

Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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**Hollard Declaration**

We respect and adhere to client confidentiality and data privacy principals in relation to Personal Information. We will therefore only process this information for the purpose for which it is intended.

