

POLICE REPORT CLAIM FORM

(To be completed by the Investigating Officer at the police station where the death of the deceased was reported)

Please note that Hollard Life will not pay for the completion of this form.



The following copies must be included when submitting this form along with any other pertinent information to this claim:

- > This certificate is required to substantiate an unnatural death claim and will be confidential. (Please ensure that all questions are answered in full).
- > Attach a copy of the medical legal post-mortem examination report together with a copy of the blood/specimen alcohol content report.

Return the completed form and the above documents to mlmlifeclaims@hollard.co.za or fax to 086 659 0135.

This Claim needs to be registered under Policy no. Reference no.

Particulars of the insured

Full name of the deceased

ID no. Occupation

Particulars of police case

Police Station where death was reported Tel no.

Name of investigating officer

Date of death Place of death

Time of death Magisterial district

Cause of death

Is there any suspicion that the deceased may have committed suicide?

If yes, how did the deceased commit suicide?

Was the deceased involved in a motor vehicle accident? Date of accident

Was the deceased The Driver A passenger Pedestrian

Did the vehicle that was involved in the accident belong to the deceased?

If the deceased was the driver, was an alcohol test done at the scene of the accident?

Was an alcohol test done at the time of the post mortem?

Was the deceased involved in an assault?

Was the deceased an innocent bystander?

If no, give details

Details of place where Insured died i.e. home address/hospital/medical centre

Reference no.

Legal Details

Has or will an inquest be held?

 Y N

Name of court

Date of inquest Y Y Y Y M M D D

Inquest no.

Inquest reference no.

Have or will criminal proceedings be instituted?

 Y N

What was the charge?

Who was charged?

If judgment had been given, what was the verdict?

Name of court

Date of trial Y Y Y Y M M D D

Trial no.

Reference no.

Give a short description of the circumstances of death

Declaration by police

I declare that the statements above are true and complete.

Full name

Rank

Station

Tel no.

Signature

Date Y Y Y Y M M D D

Official Stamp