

SAP REPORT CLAIM FORM

(To be completed by investigating officer at the police station where the event was reported)

This report is required to substantiate a claim under the policy issued by Hollard Life on the life of the insured mentioned below and will be considered strictly confidential.

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

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

Policy owner details

Policy no. ID no.

Full name

Tel. Cell no.

E-mail

Postal address

Details of violent crime

Date of incident Time of incident :

Place of incident

Cause of incident

Magisterial district

Police station where accident was reported

Case no. Date reported

Name of investigating officer

1. Was the insured involved in a motor accident?

(a) If yes, was the insured claimant a driver, passenger or pedestrian?

(b) Was a blood alcohol test done?

(c) If yes, what was the results?

2. Was the insured involved in an assault?

(a) Was the claimant assaulted during the course of his/her duties?

(b) Was the claimant an innocent bystander?

3. Have/Will criminal proceedings been/be instituted?

(a) If yes, name of the person charged

(b) What were/are the charges?

(c) If judgement was given, what was the verdict?

(d) Which court?

(e) Date of trial?

(f) Trial and reference no.

(g) Give a short description of the circumstances leading to the trauma

Declaration by police

I declare that the statements above are true and complete.

Full name

Rank

Station

Tel no.

Signature

Date

Official Stamp