POLICE REPORT

Statement by Police in case of Unnatural Death
One form per claim
Call Centre 0861 001 788 | E-mail: info@nhb.co.za

NHB
Authorised Financial Services Provider
FSP#11314

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE SPECIFIC POLICE STATION WHERE THE INCIDENT WAS REPORTED

Deceased's Full Name _____

Deceased's Identity Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

1. Date, time and place of incident D D M M Y Y Y Y H H M M _____
2. Date, time and place of death D D M M Y Y Y Y H H M M _____
3. Magisterial District _____
4. Is there suspicion that the Deceased committed suicide? YES NO
5. If 'yes', was a suicide note left? YES NO
6. Was the insured involved in a motor vehicle accident? YES NO
7. Was the insured the driver, a passenger or a pedestrian? YES NO
8. If the driver, was he / she in possession of a valid driver's license? YES NO
9. Was a blood alcohol test done? YES NO
10. What was the result of the blood alcohol test? _____ g / 100ml
11. Was the insured involved in an assault? YES NO
12. Was the insured assaulted during the performance of his duties? YES NO
13. Was the insured an innocent bystander? YES NO
14. Was or will a court proceeding be held in this regard? YES NO
15. Name of court _____
16. Reference number of court / inquest proceedings [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
17. Was or will criminal proceedings be instituted in this regard? _____
18. What is the charge? _____
19. Verdict, if known? _____
20. Name of police station where death / accident was reported _____
21. Case reference number [ ]
22. Investigating Officer _____
23. Rank / Number [ ]
24. Telephone number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
25. If possible, give a short description of the circumstances of the death / accident _____

X		
Signature of Investigating Officer	Name	Date

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Authorised Financial Services Provider FSP#53
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