DECLARATION BY POLICE

***To be completed by the investigating officer at the police station, where the incident was reported.**
****This form is for death claims due to unnatural causes only. Please attach this to the Funeral Claim Notification form.**

1. POLICY DETAILS

Policy Number: ID Number of Life Assured:

Name of Life Assured:

2. INCIDENT

Name of Life Assured:

Place of incident: Magisterial District:

Name of police station where the incident was reported:

Case reference number:

***Please fill out relevant section - A, B, C or D according to incident**

A. MOTOR ACCIDENT

Was the life assured involved in a motor vehicle accident? Yes No

Was the life assured a: Driver Passenger Pedestrian

If the driver, was the life assured in possession of a valid driver's licence? Yes No

If the driver, were there any passengers in the car? Yes No

How many cars were involved in the accident?

Please state registration number(s) and name(s) of driver(s) of car(s) involved:

Was a blood-alcohol test done on the insured? Yes No

Please state results of blood-alcohol test:

B. ASSAULT

Was the life assured involved in an assault? Yes No

Was the life assured assaulted during the course of his/her duties? Yes No

Was the life assured an innocent bystander? Yes No

C. INQUEST

Has an inquest been, or will one be held? Yes No If yes, what is the date of inquest?

Name of court:

Inquest number and reference:

D. CRIME

Have criminal proceedings been, or will criminal proceedings be instituted? Yes No

What was the charge?

Who was charged?

If judgement has been given, what was the verdict?

Name of court?

Date of trial: Trial number and reference:

3. DESCRIPTION

If possible, please write a short description of the circumstances of the incident:

4. OFFICIAL USE

Dated at: Date:

Signature of investigating officer:

Name of investigating officer:

Designation:

Telephone number:

Fax number: