medscheme financial services

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Registration No.: 1999/012567/06
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DECLARATION BY POLICE

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE DEATH OF THE DECEASED WAS REPORTED

Policy No.

1. PARTICULARS OF THE DECEASED

Surname: Full Names:

ID Number: D.O.B.: D D M M Y Y Y Y Age:

Gender: Male Female

2. CAUSE OF DEATH

2.1 Is suicide in question: Yes No

Date of Death: D D M M Y Y Y Y Time of death:

Place of Death:

Magisterial district:

2.2 Was the deceased involved in a motor vehicle accident? Yes No

2.2.1 Was the deceased a: driver passenger Or Pedestrian

2.2.2 Was a blood alcohol test done? Yes No

If yes, please give detail of the result:

Date of Accident: D D M M Y Y Y Y

2.3 Was the deceased involved in an assault? Yes No

2.3.1 Was the deceased assaulted during the course of his duties? Yes No

2.3.2 Was the deceased an innocent party? Yes No

3.

3.1 Was a post-mortem done? Yes No

If yes, please give detail of the result:

3.2 Has or will an inquest be held? Yes No

Name of court: Date of Inquest: D D M M Y Y Y Y

Inquest number and Reference:

3.3 Have or will criminal proceedings be instituted? Yes No

3.3.1 What is the charge? Who was charged?

3.3.2 If judgement was given, what was the verdict?

3.3.3 Date of trial and reference number:

3.4 Name of Police station where death was reported: Case number:

3.5 If possible, please give a short description of circumstances of death:

Signed at: on this day of 20

Official Stamp:

Name:

Signature: