

STATEMENT OF POLICE



This form is to be completed by the investigating officer at the police station where the incident / accident causing the claimant's death was reported.

This certificate is required to substantiate a claim under	POLICY NUMBER																		
Issued by Different Life on the life of	Title. Name Surname																		
and will be treated in strict confidence																			
Surname of Life Assured																			
Full Name / s																			
Alias (also known as)																			
	Y	Y	Y	Y	M	M	D	D											
Date of Birth									ID No.										
Date of Incident														Time of Incident			:		
Place of Incident																			
Magisterial District																			
Name of police station where incident was reported																			
Investigating Officer										Tel / Cell Number									
Case reference number																			
Was the life insured involved in a motor vehicle accident?												Yes			No				
If Yes, please furnish a full copy of the road traffic accident report																			
Was the life assured a driver, passenger or pedestrian?																			
If driver, was the life assured in possession of a valid driver's licence?												Yes			No				
Was a blood test done?										Yes		No		Results					
Were there any witnesses to the incident?																			
Is the claimant left or right handed?																			

DIFFERENT LIFE (PTY) LTD

Different Life is an authorised financial services provider | FSP No. 45453 | [w differentlife.co.za](http://differentlife.co.za) different.org | [e info@differentlife.co.za](mailto:info@differentlife.co.za)

Building A, Bryanston Corner, 18 Ealing Crescent, Bryanston, Johannesburg, 2191 | Box 3812, Dalmeida, 2055 | [t 010 020 1921](tel:0100201921)

Directors: A. J. Lester (Executive), A. G. Tomlinson (Executive), P. N. Tomlinson (Executive), M. Botha, V. Daljee, M. Mittal | Reg. No. 2014/023254/07

Policies underwritten by Old Mutual Alternative Risk Transfer Limited, a registered long-term insurer.

Was a Post Mortem held? (If available please attach copy)	Yes	No
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If YES please provide details – I.D. / Results / Reference

Name of mortuary where post-mortem was held

Name of Doctor who performed the post-mortem
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Has there or will there be an inquest?	Yes	No
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If YES, please advise:

Y Y Y Y M M D D

Date of Inquest	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Inquest Ref. No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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If available please enclose a copy of the inquest report
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Are the circumstances of death unusual or under suspicion? If yes, why?

Have or will criminal proceedings be instituted?	Yes	No
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If so, on what charge?

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Signed at

On _____ day of _____ of 20____

Full name of investigating officer

Rank of investigating officer

Signature

Contact Telephone

Cell

On completion, please fax this form to Any questions please call

OFFICIAL STAMP

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