

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 different.org | e info@differentlife.co.za
Building A, Bryanston Corner, 18 Ealing Crescent, Bryanston, Johannesburg, 2191 | Box 3812, Dainfern, 2055 | t 010 020 1921
Directors: A. G. Tomlinson (Executive), P. N. Tomlinson (Executive), V. Daljee, A. Lester | Reg. No. 2014/023254/07
The underwriter of this policy is Old Mutual Alternative Risk Transfer Limited (OMART), a registered Long-Term Insurer.

Was a Post Mortem held? (If available please attach copy)

Yes

No

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

Has there or will there be an inquest?

Yes

No

If YES, please advise:

Y Y Y Y M M D D

Date of Inquest

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Inquest Ref. No.

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If available please enclose a copy of the inquest report

Are the circumstances of death unusual or under suspicion? If yes, why?

Have or will criminal proceedings be instituted?

Yes

No

If so, on what charge?

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Please provide names and contact details of person/s charged

Y Y Y Y M M D D

Date of Trial																						
Trial and Reference Number																						

Please provide a short description of the circumstances surrounding the incident

Was the beneficiary involved in the murder?

Is the beneficiary a suspect in the murder case?

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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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