

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) | | | |
| <div> <div>Y Y Y Y M M D D</div> <div> <div>Date of Birth</div> <div>ID No.</div> </div> </div> | | | |
| 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, 2021 | Postnet Suite 165, Private Bag X21, Bryanston, 2021 | [t 010 020 1921](tel:0100201921)
 Directors: A. J. Lester, A. G. Tomlinson (Executive), P. N. Tomlinson (Executive), V. Daljee, C. D. Botha, J. C. Fellingham | Reg. No. 2014/023254/07
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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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Inquest Ref. No.

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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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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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