



Statement by Police Service official to whom death was reported
Death claims

Please return the completed form to: Policy Death Claims (RSA policies)

Telephone number (021) 916 3456 E-mail address deathclaims@sanlam.co.za
Fax number (021) 947 3989 Postal address PO Box 1, Sanlamhof, 7532

Please return the completed form to: Policy Death Claims (Namibia policies)

Telephone number +264 61 294 7440 E-mail address claims.affluentsupport@sanlam.com.na

Policy number

Particulars of deceased

First name Further initials
Surname
Date of birth (dd/mm/ccyy)
Date of death (dd/mm/ccyy) Case reference number

Details of the death

- 1. Was the deceased involved in a motor vehicle/motorcycle accident? Yes No
If "Yes", was the deceased: the driver a passenger a pedestrian
If the driver, did the deceased own a valid driver's licence? Yes No
Was an alcohol test performed? Yes No
What type of fluid sample was taken? Blood Ophthalmic
What was the result of this test?

Please note: If the person was killed in a motor vehicle/motorcycle accident, please attach the traffic accident report, sketch plan and key to the sketch plan to the form.

- 2. Was the deceased involved in an assault? Yes No If "Yes", please answer the following:
Did it occur during the performance of his/her duties? Yes No
Was the deceased a bystander? Yes No
Was the deceased the aggressor? Yes No
3. Was the death as a result of a shooting incident? Yes No
Did the deceased take his/her own life intentionally? Yes No
Was the deceased involved in a shooting accident? Yes No
Is anyone being held responsible for the accident? Yes No
4. Has any person been prosecuted, or are they to be prosecuted? Yes No
What was/will the charge be?
Full names and surname of person who was / is to be prosecuted:
Relationship between accused and deceased?
The date of the trial: (dd/mm/ccyy)
Number and reference of the trial:
If sentence has been passed, what was the verdict?

