



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? \_\_\_\_\_

Policy number \_\_\_\_\_

5. Has an inquest been held, or must one still take place? Yes  No

(If already held, please attach all the submitted statements and plans to this form).

Date of inquest \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)

Number and reference of inquest: \_\_\_\_\_

6. Give a brief description of the circumstances that resulted in the death.

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Please note: Attach autopsy report.

**Particulars of investigating officer**

Name and surname \_\_\_\_\_

Signature \_\_\_\_\_

Telephone number (w) \_\_\_\_\_

Fax number (w) \_\_\_\_\_

Cell phone \_\_\_\_\_

Official stamp of Police Service (Compulsory)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy) Place \_\_\_\_\_