

**POLICE REPORT**

1. This document is an additional requirement to the funeral / death claim documentation, but only if cause of death is accidental
2. Sanlam Developing Markets Limited reserves the right to call for additional information / documentation if deemed necessary

**A. DETAILS OF DECEASED**

Policy Number .....

Surname ..... Title and Initials .....

Full Names ..... ID Number / Date of Birth (yyyy / mm / dd) .....

**B. STATEMENT BY POLICE**

To be completed by the Investigating Officer at Station where incident was reported

Case Number .....

Nature of Accident / Death       Traffic Accident       Work Accident       Assault       Aviation

If nature was traffic accident, please specify       Pedestrian       Passenger       Driver

Give a description of the circumstances of death .....

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Was a post mortem done? (if yes, copies of post mortem report should be submitted)       Yes       No

Was a blood test done? (if yes, copies of blood test result should be submitted)       Yes       No

Is suicide suspected?       Yes       No

Has / will an inquest be held?       Yes       No

Date of Inquest (yyyy / mm / dd) ..... Inquest Number .....

Date of Case (yyyy / mm / dd) ..... Court Name .....

Will criminal charges be brought? (if yes, state the charges below)       Yes       No

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Who will the charges be brought against? .....

Full Names and Surname of Investigating Officer .....

**C. DECLARATION BY INVESTIGATING OFFICER**

Name of Police Station .....

Contact Number of Police Station ..... Contact Number of Investigating Officer .....

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SIGNATURE OF INVESTIGATING OFFICER

POLICE STATION STAMP

.....

DATE

**CONTACT US**

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