

**POLICE REPORT CLAIMS FORM**

**IMPORTANT:** This form is to be completed by the investigating officer where the deceased's death was reported only.

This document is required in the event of an unnatural death claim. Please ensure that all questions are answered truthfully and correctly to avoid claim rejection. Additionally, the following documents must be attached to the form.

1. A copy of the medical post-mortem report.
2. A copy of the blood specimen of alcohol content report.

This claim belongs to policy number:

Policy holder:

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Once completed, please submit the form and attached documents to [claims@esuritylife.co.za](mailto:claims@esuritylife.co.za)

**Insured member's information**

Full name (as it appears on ID) \_\_\_\_\_

ID/Passport Number

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Occupation \_\_\_\_\_

**Police case information**

Police station where death was reported \_\_\_\_\_

Name of investigating officer \_\_\_\_\_

Tel/Cell of officer

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Date of death

D	D	M	M	Y	Y	Y	Y
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Time of death

		H			
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Place of death \_\_\_\_\_

Magisterial district \_\_\_\_\_

**Cause of death**

Is there suspicion that the cause of death could be suicide? 

Yes		No	
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If yes, please state suicide method \_\_\_\_\_

Did the deceased die due to a car accident? 

Yes		No	
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Date of accident 

D	D	M	M	Y	Y	Y	Y
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Please pick role applicable for the deceased:

Driver		Passenger		Pedestrian	
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Did the vehicle belong to the deceased? 

Yes		No	
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In the case that the deceased was the driver, was an alcohol test conducted at the scene? 

Yes		No	
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Was an alcohol test conducted at post-mortem? 

Yes		No	
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In the case that the deceased was not in a car accident, please state the cause of death

\_\_\_\_\_

If there are additional details, please state them below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Legal details**

Will or has an official investigation been conducted?

Yes		No	
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Designated court \_\_\_\_\_

Inquest reference number

Has a criminal case been opened?

Yes		No	
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Who was charged? \_\_\_\_\_

What was the person(s) charged with? \_\_\_\_\_

If judgement has been handed, please state verdict \_\_\_\_\_

Court where trial was held \_\_\_\_\_

Trial number

Date of trial

D	D	M	M	Y	Y	Y	Y
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Trial reference number

**Police declaration**

I, the undersigned, declare that all information presented in this document are true and complete

Full names and surname \_\_\_\_\_

Rank \_\_\_\_\_

Station \_\_\_\_\_

Telephone

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Official Stamp

