



FAX - COMPLETED & SIGNED DOCUMENTS TO (011)351-3003 OR
EMAIL - TO lifeclaimsadmin@hollard.co.za OR
POST ORIGINALS - LIFE CLAIMS – PO Box 87428 – Houghton - 2041

Police Report

To be completed by the Investigating Officer at the police station where the death of the deceased was reported.

This certificate is required to substantiate An Unnatural Death Claim and will be confidential. (Please ensure that all questions are answered in full)

This Claim needs to be registered under Policy number: _____

Reference number _____

1. Particulars of the Insured

1.1 Full name of the deceased: _____

1.2 ID No _____ Occupation: _____

2. Particulars of Police Case

2.1 Police Station where Death was reported _____ Tel. No _____

2.3 Name of Investigating Officer _____

2.4 Date, time and place of Death: _____ Magisterial District _____

3. Cause of Death

3.1 Is there any suspicion that the Deceased may have committed suicide? _____

3.2 If yes, how did the deceased commit suicide? _____ YYYY/MM/DD

3.3 Was the Deceased involved in a motor vehicle accident? YES _____ NO _____ Date of accident _____

3.4 Was the Deceased THE DRIVER _____ A PASSENGER _____ PEDESTRIAN _____

3.5 Did the vehicle that was involved in the accident belong to the Deceased? YES _____ NO _____

3.6 If the Deceased was the driver, was an alcohol test done at the scene of the accident? YES _____ NO _____

3.7 Was an alcohol test done at the time of the Post Mortem? YES _____ NO _____

PLEASE ATTACH A COPY OF THE MEDICO LEGAL POST-MORTEM EXAMINATION REPORT TOGETHER WITH A COPY OF THE
LOOD/ SPECIMEN ALCOHOL CONTENT REPORT.

3.8 Was the Deceased involved in an assault? YES _____ NO _____

3.9 Was the Deceased an innocent bystander? YES _____ NO _____

3.10 If your answer is No, please give details _____

3.11 Details of Place where Insured died i.e. home address/ hospital/medical centre _____

4 Legal Details:

4.1 Has or will an Inquest be held? YES _____ NO _____

4.2 Name of Court: _____ Date of Inquest _____

4.3 Inquest No and Reference No _____

4.3.1 Have or will Criminal proceedings be instituted? YES _____ NO _____ What was the charge _____

4.4 Who was charged? _____

Reference number _____

4.5 If judgment had been given, what was the verdict? _____

4.5.1 Name of Court _____ Date of Trial _____

4.5.2 Trial number and Reference No _____

4.5.3 Please give a short description of the circumstances of death _____

Dated at _____ the _____ day of _____ 20 _____

Signature of Investigating Officer _____

THE COST INCURRED IN COMPLETING THIS FORM IS FOR THE CLAIMANT'S ACCOUNT _____

