

Statement by Police

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE INCIDENT WAS REPORTED.

THIS CERTIFICATE IS REQUIRED TO SUBSTANTIATE A CLAIM ON

Policy number Issued by **L I B E R T Y L I F E**

on the life of (full name and surname)

Date of birth - - and will be treated in strict confidence.

Name of the deceased/Life assured (in full)

Identity number

Date of incident - - Date of incident

Place where incident occurred

Magisterial district

Was the deceased/Life Assured involved in a motor vehicle accident? Yes No

Was the deceased/Life Assured a driver, passenger or pedestrian? Yes No

If driver, was he/she in possession of a valid driver's license? Yes No

Was a blood-alcohol test done? Yes No Results of blood-alcohol test: g per 100ml

Was the deceased/Life Assured involved in an assault? Yes No

Was the deceased/ Life Assured assaulted during the course of his duties? Yes No

Was the deceased/Life Assured an innocent bystander? Yes No

Was a post mortem carried out? Yes No

If so what were the findings?

Is suicide suspected? Yes No

Has or will an inquest be held in this regard? Yes No

Name of court: Date of Inquest - -

Inquest number and reference?

Have or will criminal proceedings be instituted in this regard? Yes No

What was the charge?

Who was charged?

What sentence if any, has been passed? Date of trial - -

Trial number and reference?

Name of police station where the incident was reported

Case reference number

Investigating officer

If possible, kindly provide a short description of the circumstances.

Signed at , _____ this , _____ day of , _____ 20, _____

Name of investigating officer

Telephone number

 Rank

Signature of investigating officer

Date

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OFFICIAL STAMP
