



DETAILS OF THE DECEASED

Please print in block letters using black or blue ink.

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 a death claim and will be considered strictly confidential.

Policy number(s):

[Empty boxes for policy number(s)]

First name(s):

[Empty boxes for first name(s)]

Surname:

[Empty box for surname]

Date of birth:

[Empty box for date of birth]

INVESTIGATING OFFICER'S REPORT

1. (a) Date, time and place of death:

Date of death:

[Empty box for date of death]

Time of death:

[Empty box for time of death]

Place:

[Empty box for place]

(b) Magisterial district:

[Empty box for magisterial district]

(c) Who identified the deceased?

[Empty box for who identified]

Date identified:

[Empty box for date identified]

(d) What is this person's relationship to the deceased

[Empty box for relationship]

2. Is it suspected that the death was due to suicide? YES NO

3. Was the deceased involved in a motor vehicle accident? YES NO

(a) Was the deceased a: driver passenger or pedestrian?

(b) If driver, was the deceased in possession of a valid driver's licence? YES NO

- Driver's licence code

[Empty box for driver's licence code]

- Date issued

[Empty box for date issued]

- Valid until

[Empty box for valid until]

(c) Was a blood alcohol test done on the deceased? YES NO

(d) Results of blood alcohol test:

[Empty box for results of blood alcohol test]

(Attach a copy of the test result)

(e) Are there any witnesses to the accident?

YES NO

(Attach a copy of the full road traffic accident report)

4. Was the deceased involved in an assault?

YES NO

(a) Was the deceased assaulted during the course of his/her duties?

YES NO

(b) Was the deceased an innocent bystander?

YES NO

(c) Did the deceased provoke the incident?

YES NO

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5. Was the deceased involved in a shooting accident?

YES NO

(a) If Yes, did the deceased take his/her own life intentionally?

YES NO OR

(b) Did a shooting accident occur?

YES NO

(c) Is anyone being held responsible for the accident?

YES NO

6. Was an autopsy done?

YES NO

(a) If Yes, name of medico-legal laboratory where autopsy was performed.

(b) Date the autopsy was performed on.

(c) Death register number.

(d) Name of doctor who performed the autopsy.

(e) Telephone number of this doctor.

(f) What the cause of death was as determined by the autopsy.

(g) Height

Mass

Build

Nutritional state

(h) Were any specimens kept?

YES NO

If yes, type of specimen

Examination

Detail

(i) Serial number of medical certificate re cause of death issued

7. Has an inquest been or will one be held?

YES NO

(a) If Yes, name of court:

(b) Date of inquest:

(c) Inquest number and reference:

8. Have criminal proceedings been or will criminal proceedings be instituted? YES

NO

(a) What was the charge?

(b) Who was charged?

(c) If judgement has been given, what was the verdict?

(c) Is there any suspicion or probability of family involvement in the death of the deceased?

YES NO

9. Name of the police station where death was reported:

(a) Case reference number:

(b) Investigating officer:

10. Please attach copies of all affidavits already obtained in respect of this investigation.

11. Please give a short description of the circumstances of death.

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Signed at

this

day of

20

Official stamp

Signature of investigating officer

PLEASE PRINT:

Name:

Rank:

Telephone number:

Please send this form, when completed, directly to:

Death Claims Department
Old Mutual
PO Box 1759
Cape Town
8000

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