

Statement by Police - Death

How to complete this form

This form should be completed by the investigating officer at the police station where the death or the insured was reported.

Please complete clearly in black ink.

To avoid queries, please ensure this document is completed in full.

Details of Death

This document is required to substantiate a death claim in terms of Policy number

Surname	<input type="text"/>
Full Names	<input type="text"/>
Also known as	<input type="text"/>
Date of Birth	<input type="text"/>
Date of death	<input type="text"/>
Place of death	<input type="text"/>
Magisterial district	<input type="text"/>

Details of the person who identified the deceased:

Surname	<input type="text"/>
Full Name	<input type="text"/>
Contact Details	<input type="text"/>
Exact date the deceased was identified	<input type="text"/>
Name of the police station where the death was reported	<input type="text"/>
Case reference number	<input type="text"/>



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Was the deceased involved in a Motor vehicle accident?

YES

NO

Was the deceased the

Driver

Pedestrian

Passenger

If the deceased was the driver, did her/she have a valid driver's licence?

YES

NO

Please include a full copy of the road traffic accident report

Was a blood alcohol test done?

YES

NO

If yes, please include the results

Was a post mortem carried out?

YES

NO

If yes, please include a copy.

Body number

Is suicide suspected?

YES

NO

Was the deceased right or left handed?

Right

Left

Were there any witnesses to the accident/death? If so, please provide names and contact details

Has an inquest been held?

YES

NO

Date of Inquest

Date

Inquest No and Reference

Name of court

Have any sentence been passed?

YES

NO

Please state what sentence has been passed?

Date of trial

Date

Reference Number

Full names and Surname as well as contact details of the person/s that was charged

If not held, are inquest proceedings still to be instituted?

YES

NO

Are the circumstances of the death unusual or under suspicion

YES

NO

Administered by Rand Mutual Admin Services (Pty) Ltd FSP No. 46113, underwritten by RMA Life

Please email to: funeralclaims@randmutual.co.za

For queries contact us on: 0860102532



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If yes, why?

Please provide a short description of the circumstances of death

Signed at (town or city) on
(date)

Full name and rank of investigating officer

Signature Office telephone number
Cellphone number

Once completed, please send this form to RMA Life

By e-mail funeralclaims@randmutual.co.za

By fax 010 214 3363

For all Claims, related queries call 0860 102 532

Official Stamp