

# Statement by police – death



## Contact us

Tel: 0860 103 905, PO Box 3017, Rivonia 2128, www.discovery.co.za

### How to complete this form

- This form is to be completed by the investigating officer at the police station where the event or incident of the life assured was reported.
- Please use one letter per block, complete with black ink and print clearly
- To avoid administration delays, please ensure this document is completed in full.

### 1. Details of death

This certificate is required to substantiate a death claim under policy (please provide policy number)

Issued by Discovery Life, on the life of (please provide policy number)   
and will be treated in **strict confidence**.

Surname of deceased

Full name/s

Also known as

Date of birth  ID number

Date of death  Time of death

Place of death

Magisterial district

Details of person who identified the deceased:

Full names

Surname

Contact details

Please include the exact date

Name of police station where death was reported

Case reference number

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

Was the deceased a driver, passenger or pedestrian?

If the driver was the deceased, did he or she have a valid driver's licence? Yes  No

Was a blood alcohol test done? Yes  No

Results

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

  

**Please submit a full copy of the road traffic accident report**

Are the circumstances of the death unusual or under suspicion? Yes  No

If yes, why?

  
  

Was a post-mortem carried out? Yes  No

Body number

If yes, please attach a copy.

## 1. Details of death (continued)

Please include full details of the findings

Is suicide suspected? Yes  No

If by firearm, were powder residue tests done?

Was the deceased left or right-handed?  or

Has an inquest been held? Yes  No

Name of court

Date of inquest 

Y	Y	Y	Y	M	M	D	D
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Inquest number and reference 

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What sentence, if any, has been passed?

Date of trial 

Y	Y	Y	Y	M	M	D	D
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Reference number 

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Provide full names and contact details of person/s charged

If not held, are inquest proceedings still to be instituted? Yes  No

Please provide a short description of the circumstances of death

Signed at (town or city) 

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 on 

Y	Y	Y	Y	M	M	D	D
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Full name and rank of investigating officer 

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Signature

Contact telephone number 

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Cell 

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## Once completed, please send this form to Discovery Life

**By fax:** 011 539-2508

**By mail:** Discovery Life

PO Box 3017

Rivonia

2128

or

**By email:** [dl\\_claims\\_requirements@discovery.co.za](mailto:dl_claims_requirements@discovery.co.za)

For claims related queries call: 0860 103 905

or

**email:** [disclaims@discovery.co.za](mailto:disclaims@discovery.co.za)

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