LIONLIFE ASSURANCE

STATEMENT BY POLICE IN CASE OF UNNATURAL DEATH

To be completed by the investigating officer at the police station where the incident was reported.

DETAILS OF THE DECEASED

FULL NAME(S) AND SURNAME: _____

ID NUMBER: | | | | | | | | | | | | | |

PARTICULARS OF INCIDENT

DATE OF INCIDENT: D D M M Y Y Y Y TIME OF INCIDENT: _____

PLACE OF INCIDENT: _____ CASE NUMBER: _____

CAUSE OF INCIDENT: _____

POLICE STATION WHERE INCIDENT WAS REPORTED _____

DATE INCIDENT WAS REPORTED | D | D | M | M | Y | Y | Y | Y |

PARTICULARS OF DEATH DUE TO MOTOR VEHICLE ACCIDENT

DECEASED WAS A DRIVER ☐ PASSENGER ☐ PEDESTRIAN ☐

DID THE DECEASED HAVE A VALID DRIVER'S LICENSE? YES ☐ NO ☐

WAS A BLOOD ALCOHOL TEST DONE? YES ☐ NO ☐ TEST RESULTS _____ g/100ml

PARTICULARS OF DEATH DUE TO ASSAULT

WAS THE DECEASED INVOLVED IN A CRIMINAL ACT? YES ☐ NO ☐

WAS THE DECEASED AN INNOCENT BYSTANDER? YES ☐ NO ☐

ARE ANY FAMILY MEMBERS SUSPECTED? YES ☐ NO ☐

IS THERE ANY REASON TO SUSPECT SUICIDE? YES ☐ NO ☐

CRIMINAL PROCEEDINGS

WILL CRIMINAL PROCEEDINGS BE INSTITUTED? YES ☐ NO ☐

IF YES , NAME THE PERSON CHARGED: _____

WAS OR WILL A COURT CASE BE HELD? YES ☐ NO ☐

IF SO, SUPPLY THE NAME OF THE COURT AND REFERENCE NUMBER: _____

PLEASE GIVE A SHORT DESCRIPTION OF THE INCIDENT / ACCIDENT _____

_____

_____

NAME OF POLICE STATION WHERE THE DEATH/ACCIDENT WAS REPORTED: _____

CASE REFERENCE NUMBER: _____

NAME OF INVESTIGATING OFFICER: _____

CONTACT NUMBER(S) OF INVESTIGATING OFFICER: _____

RANK AND NUMBER: _____

SIGNATURE BY OFFICER: _____

DATE OF SIGNATURE: _____/_____/_____

Official Police Stamp