

Unnatural death claim form

Strictly confidential

Policy number

Section 1: Details of the deceased

This certificate is required to substantiate a death claim and will be considered strictly confidential.

Policy number/s

First names

Surname

Previous surname/s

Date of birth DD - MM - YYYY

Section 2: Investigating officer's report

The investigating officer at the police station where the death was reported must complete this form. This form is required to confirm the death claim.

1. Date, time and place of death

a. Date of death DD - MM - YYYY Time of death :

Place of death

b. Magisterial district

c. Who identified the deceased?

Date identified DD - MM - YYYY

d. What is this person's relationship to the deceased?

2. Is there a possibility that the deceased committed suicide? Yes No

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

a. Was the deceased a driver passenger pedestrian

b. If driver, was the deceased in possession of a valid driver's licence? Yes No

Driver's licence code Date issued DD - MM - YYYY Valid until DD - MM - YYYY

c. Was a blood alcohol test done on the deceased? Yes No

d. If Yes, what was the result?
(Please attach a copy of the test result)

e. Are there any witnesses to the accident? (Please attach a copy of the full road traffic accident report) Yes No

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

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

b. Did a shooting accident occur? Yes No

c. Is anyone being held responsible for the accident? Yes No

Section 2: Investigating officer's report (continued)

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 DD - MM - YYYY

c. Death register number

d. Name of doctor who performed the autopsy

e. Telephone number of this doctor

f. Cause of death, as determined by the autopsy

g. Height cm Weight kg Build

Nutritional state

h. Were any specimens kept? Yes No

If Yes, type of specimen Examination

Detail

i. Serial number of medical certificate regarding cause of death issued

7. Has an inquest been held or will one be held? Yes No

a. If Yes, name of court

b. Date of inquest DD - MM - YYYY

c. Inquest number and reference

8. Have criminal proceedings been instituted or will criminal proceeding be instituted? Yes No

a. What was the charge?

b. Name of the individual/s charged

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

d. Is there any suspicion or probability of family involvement in the death of the deceased? Yes No

9. Name of the police station where the 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 provide a short description of the circumstances of death:

Section 3: Signatures

Signed at

Date

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Signature(s)

<p>Signature of investigating officer</p>	<input type="text"/>	<p>Official stamp</p>	<p>STAMP</p>
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Name

Telephone number

Rank

Rank number