

## Unnatural death claim form

Policy number																			
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**Strictly confidential**

### Contact details

To submit a claim, follow up on a claim, or to provide us with additional required documentation, you can contact us in any of the following ways. Our office hours are from 8:00 – 17:00.

E-mail: **deathclaims@momentum.co.za**  
 Fax: **+27 12 675 3947** (Please quote the policy number on the fax.)

**Or call us for more information:**

Sharecall (South Africa): **0860 44 11 11**  
 Tel: **+27 12 675 3052**  
 International: **+27 11 505 1552**

### 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

### 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  Time of death

Place of death

b. Magisterial district

c. Who identified the deceased?

Date identified

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  Valid until

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? (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

## 2: Investigating officer's report (continued)

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

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. 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

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. Attach copies of all affidavits already obtained in respect of this investigation.

11. Provide a short description of the circumstances of death:

### 3: Signatures

Signed at

Date

D	D	M	M	Y	Y	Y	Y
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Signature of  
investigating officer

Official stamp

STAMP
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Name

Telephone number

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Rank

Rank number

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