

Declaration by SAPS

Policy number

To be completed by the investigating officer at the police station where the incident/accident was reported. All information received will be considered strictly confidential.

Particulars of the deceased/insured life

Surname Initials
 ID Date of birth

Particulars of the incident/accident

Date of incident Time of incident
 Place of incident Cause of incident
 Date Reported Case number
 SAPS station where incident was reported Magisterial district

Particulars of death due to motor vehicle accident

Was the deceased involved in a motor car accident?
 The deceased was Was the deceased in possession of a valid driver's license?
 Was a blood alcohol test done on the deceased? Results of the blood alcohol test

Particulars of death due to assault

Was the deceased involved in an assault? Was the deceased assaulted during the course of his/her official duties?
 Was the deceased an innocent bystander? Was the deceased involved in a criminal act?
 Is any involvement of the family member/s suspected? Have any suspects been arrested in connection with the murder?
 Is there any evidence or reason that indicates suicide or attempted suicide?

Particulars of inquest

Has an inquest been held or will one be held?
 Name of court
 Date of inquest held/to be held Inquest number and reference

Particulars of criminal proceedings

Will criminal proceedings be instituted?
 If yes, name/s of persons charged
 What were/are the charges?
 If judgement was given, what was the verdict?
 Date of trial

Give a short description of the circumstances of the accident/incident

Policy number

Declaration by the investigating officer

I declare that all the forgoing statements are true and correct.

Surname Initials

Station

Rank Force number

Tel - work () Cell

Date Signature

Street address

 Code