

NB: PLEASE FILL THIS FORM IF CAUSE OF DEATH IS UNNATURAL!



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Statement by police

for funeral claims

POLICY NUMBER: _____

TEL-0861 113 874
FAX-0861 113 875

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

1. Date, time and place of incident.

Y	Y	Y	Y	M	M	D	D
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2. Date, time and place of death.

Y	Y	Y	Y	M	M	D	D
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3. Magisterial district.

4. Is there a suspicion that the deceased may have committed suicide?

Yes	No
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5. If 'yes', was a suicide note left?

Yes	No
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6. Was the insured life involved in a motor vehicle accident?

Yes	No
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7. Was the insured life

the driver	a passenger	a pedestrian
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8. If the driver, was he/she in possession of a valid driver's licence?

Yes	No
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9. Was a blood alcohol test done?

Yes	No
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10. What were the results of the blood alcohol test?

	g/100ml
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11. Was the insured life involved in an assault?

Yes	No
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12. Was the insured life assaulted during the performance of his/her duties?

Yes	No
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13. Was the insured life an innocent spectator?

Yes	No
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14. Was or will a court proceeding be held in this regard?

Yes	No
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15. Name of court

16. Reference number of court/inquest proceedings

17. Was or will criminal proceedings be instituted in this regard?

Yes	No
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18. What is the charge?

19. Verdict, if known

20. Name of police station where death/accident was reported

21. Case reference number

22. Investigating officer

If possible, please give a short description of the circumstances of the death/accident

Signature of Commissioner/Justice of the Peace

Name of Investigating Officer

Rank/Number

Telephone number

Work	Code	