



DETAILS OF THE DECEASED

Please print in block letters using black or blue ink.

To be completed by the investigating officer at the police station where the death of the deceased was reported.

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

Policy number(s):

First name(s):

Surname:

Date of birth:

INVESTIGATING OFFICER'S REPORT

1. (a) Date, time and place of death:

Date of death:

Time of death:

Place:

(b) Magisterial district:

(c) Who identified the deceased?

Date identified:

(d) What is this person's relationship to the deceased

2. Is it suspected that the death was due to suicide?

YES

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NO

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3. Was the deceased involved in a motor vehicle accident?

YES

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NO

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(a) Was the deceased a: driver ☐ passenger ☐ or pedestrian? ☐

(b) If driver, was the deceased in possession of a valid driver's licence?

YES

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NO

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- Driver's licence code

- Date issued

- Valid until

(c) Was a blood alcohol test done on the deceased?

YES

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NO

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(d) Results of blood alcohol test:

(Attach a copy of the test result)

(e) Are there any witnesses to the accident?

YES

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NO

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(Attach a copy of the full road traffic accident report)

4. Was the deceased involved in an assault?

YES

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NO

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(a) Was the deceased assaulted during the course of his/her duties?

YES

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NO

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(b) Was the deceased an innocent bystander?

YES

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NO

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(c) Did the deceased provoke the incident?

YES

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NO

☐

5. Was the deceased involved in a shooting accident?

YES

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NO

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(a) If Yes, did the deceased take his/her own life intentionally?

YES

☐

NO

☐

OR

(b) Did a shooting accident occur?

YES

☐

NO

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(c) Is anyone being held responsible for the accident?

YES

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NO

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6. Was an autopsy done?

YES

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NO

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(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) What the cause of death was as determined by the autopsy.

(g) Height

Mass

Build

Nutritional state

(h) Were any specimens kept?

YES

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NO

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If yes, type of specimen

Examination

Detail

(i) Serial number of medical certificate re cause of death issued

7. Has an inquest been or will one be held?

YES

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NO

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(a) If Yes, name of court:

(b) Date of inquest:

(c) Inquest number and reference:

8. Have criminal proceedings been or will criminal proceedings be instituted?

YES

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NO

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(a) What was the charge?

(b) Who was 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

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NO

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9. Name of the police station where death was reported:

(a) Case reference number:

(b) Investigating officer:

10. Please attach copies of all affidavits already obtained in respect of this investigation.

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11. Please give a short description of the circumstances of death.

Signed at this day of 20

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Signature of investigating officer

Official stamp

PLEASE PRINT:

Name:

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Rank:

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Telephone number:

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Please send this form, when completed, directly to:

Death Claims Department
Old Mutual
PO Box 1759
Cape Town
8000

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