

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE CASE WAS REPORTED

This certificate is required to substantiate a claim under policy number
issued by Sanlam on the life of
and will be treated strictly confidential.

1. DETAILS OF DECEASED

Name of Deceased
Date, Time and Place of Death
Magisterial District

2. DETAILS RELATING TO THE CAUSE OF DEATH

Was the deceased a driver, passenger or pedestrian?
Was a blood-alcohol test performed on the deceased?
What were the results if performed?
Was the deceased involved in an assault? If so, was the deceased an innocent bystander?
Please supply details of the inquest or court case to be held
Court Name
Date of Case
Inquest Number
Has criminal proceedings been instituted?
What was the charge?
Who was charged?
What was the verdict? (if already finalised)
Name of Police Station Where Death Was Reported
Case Number
Investigating Officer

3. PLEASE PROVIDE A GENERAL DESCRIPTION OF THE CIRCUMSTANCES SURROUNDING THE DEATH

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SIGNATURE OF INVESTIGATION OFFICER NAME

SIGNED AT ON THIS DAY OF 20

Contact Number () Police Station Stamp