LONG LIFE INSURANCE

POLICE REPORT FORM
This must be completed by the investigating officer
at the police station where the death was reported.

This form must be submitted when claiming for unnatural or accidental death and must be submitted along with a copy of the post-mortem exam. Take note that Long Life will not pay for completion of this form.

Return the completed form and other relevant documents to your FSP Branch or submit directly to Long Life at claims@longlife.co.za.

Policy Number: | Claim Number:

PARTICULARS OF THE DECEASED

Full Name: | ID / Passport Number:

PARTICULARS OF THE CASE

Police Station where the death was reported:

Contact Number: | Investigating Officer:

Date of Death: D D M M Y Y Y Y | Place of Death:

Time of Death: | Magisterial District:

CAUSE OF DEATH

Do you think that the deceased may have committed suicide? Y N

If yes, how did the deceased commit suicide?

Was the deceased involved in a motor vehicle accident? Y N

If Yes: Date of Accident: D D M M Y Y Y Y

Was the deceased: The Driver ☐ A Passenger ☐ Pedestrian ☐

Did the vehicle that was involved in the accident belong to the deceased? Y N

If the deceased was the driver, was an alcohol test done at the scene of the accident? Y N

Was an alcohol test done at the time of the post mortem? Y N

Was the deceased assaulted? Y N

Was the deceased an innocent bystander? Y N

If no, give details:

Place of death i.e. hospital address / home address / site of incident:

LEGAL DETAILS

Has or will an inquest be held? Y | N

Name of court: Date of inquest: D D M M Y Y Y Y

Inquest no.: Inquest reference no.:

Have or will criminal proceedings be instituted? Y | N

What was the charge?

Who was charged?

If judgment had been given, what was the verdict?

Name of court:

Date of trial: D D M M Y Y Y Y

Reference no. : Trial no.:

Give a short description of the circumstances of death

DECLARATION BY POLICE

I declare that the statements above are true and complete.

Full Name: Rank:

Station: Tel No.:

Signature:

Official Stamp: