

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 Developing Markets Limited on the life of \_\_\_\_\_ and will be treated as confidential.

<b>A. Details of the deceased</b>	
Policy Number	_____
Surname	_____ Title and Initials _____
Full Names	_____ Passport / ID Number _____
<b>B. Statement by police</b>	
To be completed by the Investigating Officer at Station where incident was reported	
Case Number	_____
Nature of Accident	Traffic Accident <input type="checkbox"/> Work Accident <input type="checkbox"/> Assault <input type="checkbox"/> Aviation <input type="checkbox"/>
Nature of Accident	Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Driver <input type="checkbox"/>
Give a description of the circumstances of death _____ _____ _____	
Was a post mortem done? (if yes, copies of post mortem report should be submitted)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Was a blood test done? (if yes, copies of blood test result should be submitted)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is suicide suspected?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has / will an inquest be held?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Inquest	Y Y Y Y / M M / D D    Inquest Number _____
Date of Case	Y Y Y Y / M M / D D    Court Name _____
Will criminal charges be brought? (if yes, state the charges below)	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____ _____	
Who will the charges be brought against?	_____
Full Names and Surname of investigating officer	_____
<b>C. Declaration by investigating officer</b>	
Name of Police Station	_____
Contact Number of Police Station	_____ Contact Number of Investigating Officer _____
SIGNATURE OF INVESTIGATING OFFICER  Y Y Y Y / M M / D D DATE	POLICE STAMP
<b>Contact us</b>	
Postal address: PO Box 1941, Houghton 2041, South Africa Physical address: Sanlam Business Park, 13 West Street, Houghton, 2198 Claims e-mail address: channelgb@sanlamsky.co.za Fax: 011 388 5130	