



GREENLIGHT

RSA

DEATH CLAIM FORM

DECLARATION BY POLICE

Contract number

Grid for contract number

Intermediary Code (e.g. PFA: A123456 BROKER: 78870)

Grid for intermediary code

Please print in block letters using black or blue ink.

This form is issued without admission of liability and must be completed and signed by the investigating officer where the death was reported.

Please email the completed form to claims@oldmutual.com

Intermediary/Admin support:

Form fields for contact person name, email, and telephone number

IMPORTANT NOTES

Please note that Old Mutual can only consider a claim on receipt of the following documents, marked with the contract number and intermediary code where applicable:

- 1. To be completed by the investigating officer at the police station where the death of the deceased was reported.
2. This certificate is required to substantiate a death claim and will be considered strictly confidential.
3. Please attach copies of all affidavits already obtained in respect of this investigation.

SECTION 1 DETAILS OF DECEASED

Form fields for Surname, Full names, and Date of birth (DDMMYYYY)

SECTION 2 INVESTIGATING OFFICER'S REPORT

Investigating officer's report section with multiple questions and checkboxes, including date of death, magisterial district, and accident details.

5. If the deceased was involved in a shooting accident:

a) Did the deceased take his/her own life intentionally?

YES NO

b) Is anyone being held responsible for the accident?

YES NO

6. Was an autopsy done

YES NO

a) If "Yes", name of medico-legal laboratory where autopsy was performed

b) Date the autopsy was performed

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 NO

If "YES", please provide details of: Type of specimen

Examination

Detail

i) Serial number of medical certificate regarding the cause of death issued.

7. Has there been/will there be an inquest?

YES NO

a) If "Yes", name of court

b) Date of inquest

c) Inquest number and reference

8. Have or will criminal proceedings be instituted?

YES NO

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 NO

9. a) Name of the police station where death was reported

b) Case reference number

c) Investigating officer

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

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SECTION 3 DETAILS OF INVESTIGATING OFFICER

Surname

Full names

Rank

Contact number

Signed at (place) on (date)

Signature of investigating officer

OFFICIAL
STAMP

Old Mutual Claim Contact Details:

Email claims@oldmutual.com

Fax number 0860 60 45 02

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International: +27 21 503 1802

Address PO Box 202, Mutualpark 7451, South Africa.

Contract number



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