

**DEATH CLAIM FORM**  
DECLARATION BY POLICEContract number 

**This form must be accurately completed and signed by the investigating officer.**

**Please email the completed form to [contactus@oldmutual.com](mailto:contactus@oldmutual.com)**

**To be completed by the adviser/admin support person if applicable.**

Role: Adviser  Admin support person

First name(s)

Surname

Email address

Contact number

Adviser code

**IMPORTANT NOTES**

**We can only proceed with the assessment of this claim when we receive the following documents, marked with the contract number:**

- Copies of all affidavits already obtained in respect of this investigation
- Comprehensively completed Death Claim Form Declaration by Police (for unnatural death)

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

**SECTION 1 DETAILS OF DECEASED**

Surname

First name(s)

ID number  Date of birth

**SECTION 2 INVESTIGATING OFFICER'S REPORT**

2.1 Date of death  Time of death  Place of death

2.2 Magisterial district

2.3 Name of the police station where death was reported

2.4 Case reference number

2.5 Investigating officer

2.6 Please give a short description of the circumstances of death

2.7 Who identified the deceased?  Date identified

2.8 What is this person's relationship to the deceased?

### SECTION 3 CAUSE OF DEATH

Please tick the relevant blocks, supply reports where indicated and answer questions in the spaces provided.

Suicide  
• Is it suspected that the death was due to suicide? Yes  No

Motor vehicle accident  
• Was the deceased involved in a motor vehicle accident? Yes  No   
If "Yes", supply copy of the full road traffic accident report.  
• Was the deceased a: driver  passenger  or pedestrian   
• Date of accident   
• If a driver, was the deceased in possession of a valid driver's licence? Yes  No   
Driver's licence code  Date issued   
Valid until   
• Was a blood alcohol test done on the deceased? Yes  No   
• Results of blood alcohol test (Attach a copy of the test result).   
• Are there any witnesses to the accident? Yes  No

Assault/Accident  
• Was the deceased involved in an assault? Yes  No   
If "Yes", date of assault   
If "Yes", was the deceased:  
• Assaulted during the course of their duties? Yes  No   
• An innocent bystander? Yes  No   
• Did the deceased provoke the incident? Yes  No   
• Are there any witnesses to the assault? Yes  No   
• Was the deceased involved in a shooting accident? Yes  No   
If "Yes", date of shooting accident   
Did the deceased take their own life intentionally? Yes  No   
Is anyone being held responsible for the accident? Yes  No   
• Has the death been accelerated/caused by any other accident? Yes  No   
If "Yes", date of accident:   
Provide short description of event:

Contract number



## SECTION 4 OTHER DETAILS OF DEATH

4.1 Was an autopsy done?

Yes  No

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

Date the autopsy was performed

D	D	M	M	Y	Y	Y	Y
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Death register number

• Name of doctor who performed the autopsy

• Contact number or email address of this doctor

• Cause of death determined during autopsy

• Please specify deceased's: Height

Mass

Build

Nutritional state

4.2 Were any specimens kept?

Yes  No

If "Yes", please provide details of:

Type of specimen

Examination

Provide details.

  


• Serial number of medical certificate regarding the cause of death issued.

4.3 Has there been, or will there be an inquest?

Yes  No

If "Yes", provide the name of the court

Date of inquest

D	D	M	M	Y	Y	Y	Y
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Inquest number and reference

4.4 Have or will criminal proceedings be instituted?

Yes  No

• What was the charge?

• Who was charged?

• If judgement has been given, what was the verdict?

• Is there any suspicion or probability of family involvement in the death of the deceased?

Yes  No

## SECTION 5 INVESTIGATING OFFICER'S DETAILS

Surname

First name(s)

Rank

Contact number

Email address

Date

D	D	M	M	Y	Y	Y	Y
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Signature of investigating officer

OFFICIAL  
STAMP



Contract number

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