

Statement of police

- Tick where applicable.
- Please use black pen and block letters.

This form is to be completed by the investigating officer at the police station where the incident/accident causing the life assured's death was reported.

This certificate is required to substantiate a claim under Policy Schedule number:

Issued by Stangen and will be treated in strict confidence.

Once you've completed the form, please email it to claims@stangenlife.co.za; or fax it to us at 087 942 725 and our claims team will take it from there; or phone us on 010 020 7655.

Incident details			
Surname of Life Assured			
Full Names			
Date of Birth		Alias/Also known as	
ID. Number			
Date of Incident		Time of Incident	
Place of Incident			
Magisterial District			
Name of police station where incident was reported			

Case details			
Case reference number			
Was the life insured involved in a motor vehicle accident If yes, please furnish a full copy of the road traffic accident report	Yes	No	
Was the life assured a	Driver	Passenger	Pedestrian
If driver, was the life assured in possession of a valid driver's licence	Yes	No	
Was a blood test done	Yes	No	
Result			
Were there any witnesses to the incident	Yes	No	
Is the life assured left or right handed	Left	Right	
Was a post-mortem held If available please attach copy	Yes	No	
If yes please provide details - ID/results/reference			

Name of mortuary where post-mortem was held			
Name of Doctor who performed post-mortem			
Has there or will there be an inquest			Yes No
If yes, please advise:			
Date of Inquest		Inquest Ref. No.	
If available, please enclose a copy of the inquest report			
Are the circumstances of death unusual or under suspicion? If yes, why?			
Have or will criminal proceedings be instituted			Yes No
If yes, on what charge			
Please provide names and contact details of persons/charged			
Date of Trial		Trial and Ref. No.	
Please provide a short description of the circumstances surrounding the incident			

Declaration

Signed at _____ on _____ day of _____ 20 ____.

Full Name of Investigating Officer			
Rank of Investigating Officer			
Contact Telephone		Cellphone	

Signature

Official stamp