

Marius Carstens FSP 35033 t/a

# INSURANCE PARTNERS

Group Funeral Scheme Administrators

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## STATEMENT BY POLICE IN CASE OF UNNATURAL DEATH

Deceased \_\_\_\_\_

Identity Number \_\_\_\_\_

**To be completed by the investigating officer at the specific police station where the incident was reported.**

1. Date, time and place of incident \_\_\_\_\_
2. Date, time and place of death \_\_\_\_\_
3. Magisterial District \_\_\_\_\_
4. Is there a suspicion that the deceased may have committed suicide? \_\_\_\_\_ Yes / \_\_\_\_\_ No
5. If "yes", was a suicide note left? \_\_\_\_\_ Yes / \_\_\_\_\_ No
6. Was the insured involved in a motor vehicle accident? \_\_\_\_\_ Yes / \_\_\_\_\_ No
7. Was the insured the driver, a passenger or a pedestrian? \_\_\_\_\_
8. If the driver, was he / she in possession of a valid driver's license? \_\_\_\_\_ Yes / \_\_\_\_\_ No
9. Was a blood alcohol test done? \_\_\_\_\_ Yes / \_\_\_\_\_ No
10. What were the results of the blood alcohol test \_\_\_\_\_ g / 100 ml.
11. Was the insured involved in an assault? \_\_\_\_\_ Yes / \_\_\_\_\_ No
12. Was the insured assaulted during the performance of his duties? \_\_\_\_\_ Yes / \_\_\_\_\_ No
13. Was the insured an innocent bystander? \_\_\_\_\_ Yes / \_\_\_\_\_ No
14. Was or will a court proceeding be held in this regard? \_\_\_\_\_ Yes / \_\_\_\_\_ No
15. Name of Court \_\_\_\_\_
16. Reference Number of court / inquest proceedings \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_
17. Was or will criminal proceedings be instituted in this regard? \_\_\_\_\_ Yes / \_\_\_\_\_ No
18. What is the charge? \_\_\_\_\_
19. Verdict, if known? \_\_\_\_\_
20. Name of police station where death / accident was reported \_\_\_\_\_
21. Case reference number \_\_\_\_\_
22. Investigating Officer \_\_\_\_\_
23. If possible, give a short description of the circumstances of the death / accident \_\_\_\_\_

Signature of Commissioner / Justice of peace \_\_\_\_\_

Name of Investigating Officer \_\_\_\_\_

Rank / Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Official Stamp