

## DEATH CLAIM FORM

(To be completed by police)

Please note that Hollard Life will not pay for the completion of this form.



The claim will only be considered if every question has been completed in full by the investigating officer at the police station where the death of the deceased was reported.

> Where there is more than one beneficiary or policy owner, each claimant needs to complete and submit this form

**Return this completed form and the copies to [lifecclaims@hollard.co.za](mailto:lifecclaims@hollard.co.za) or fax to 086 659 0135.**

### Policy details

Policy no.	<input type="text"/>	ID no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of insured	<input type="text"/>		
Occupation	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of death	<input type="text"/>	Time of death	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Cause of death	<input type="text"/>		
Magisterial district	<input type="text"/>		
Police station where incident was reported	<input type="text"/>		
Case no.	<input type="text"/>	Date reported	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of investigating officer	<input type="text"/>		

- Was the deceased involved in a motor accident?  Y  N
  - If yes, was the deceased a driver, passenger or pedestrian?
  - If yes, was a blood alcohol test done on the deceased?  Y  N
  - If yes, results of blood alcohol test?
- Was the deceased involved in an assault?  Y  N
  - If yes, was the deceased an innocent bystander?  Y  N
- Has an inquest been held or will one be held?  Y  N
  - If yes, name of court
  - If yes, date of inquest held/to be held
  - If yes, inquest number and reference
- Was a post-mortem done?  Y  N
 

If yes, provide results

5. Have/will criminal proceedings been/be instituted?

Y  N

(a) If yes, name the person charged

(b) What were/are the charges?

(c) If judgement has been given, what was the verdict?

(d) Which court?

(e) Date of trial

Y  Y  Y  Y  M  M  D  D

(f) Trial and reference no.

(g) Give a short description of the circumstances of the death

### Declaration by police

I declare that the statements above are true and complete.

Full name

Rank

Station

Tel no.

Signature

Date

Y  Y  Y  Y  M  M  D  D

Official Stamp