Police Statement

for REAL PEOPLE°

Real People Assurance Company • Reg No 2001/028918/06 is an authorised Financial Services Provider. FSP26634 REAL PEOPLE VIEWS, 12 ESPLANADE ROAD, QUIGNEY, EAST LONDON, 5201 • PO BOX 19610, TECOMA 5214 Facsimile: 086 623 4080 • Helpdesk: 086 111 4803 • E-mail: realinsuranceclaims@realpeople.co.za

To be completed by the investigating officer at the police station where the death was reported

This certificate is required to su	bstan	tiate	a de	ath c	laim ı	unde	r a po	olicy i	ssue	ed by	RP A	Assur	ance	on th	e life	of (n	ame	of de	eceas	ed in _ an	full) id wil	l be tr	eate	ed in s	stricte	est of	confi	dence.
Name of deceased																							\neg					
ID number																							\dashv					
Date of birth	D	D	M	М	Υ	Υ	Y	Y																				
Date of death	D	D	M	M	Υ	Υ	Υ	Υ																				
Time of death																												
Place of death																												
Magisterial district																												
Was the deceased involved in a motor vehicle accident?																			Yes							No		
If "yes" was the deceased a											Driver							Passenger							Pedestrian			
Was a blood-alcohol test done?																	Yes							No				
Was the deceased involved in an assault?																	Yes					[No					
Was the deceased assaulted during the course of his duties?												Yes						[No									
Was the deceased and innoce	ent by	stano	der?																	Ye	es				[No)
	,																								L			
What is the death register nur	nber?																											
Area																												
Was a post mortem carried out?																	Yes							No				
If so, what were the findings?	_																											
Is suicide suspected?																Yes							No					
Has or will an inquest be held in this regard?																		Ye	es						No	1		
Name of court																												
Date of inquest		D	D D M							M Y						Y							Y					
Inquest number and reference)																						\neg					
Have or will criminal proceeding	ngs b	e inst	itute	d in t	his re	gard	?													Ye	es						No	
Case reference number																ΙĪ	1				1			I				

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If possible, kindly provide a short description of the circumstances of death																						
What was the charge?																						
Who was charged?																						
What sentence if any, has been passed?																						
Date of trial		D		N	Л		I	VI			Υ			,	Y			Υ			Υ	
Trial number and reference																						
Name of police station where death was reported																						
Signed at						Date D D M M Y Y Y																
																			_			
Investigating officer signature																						
Investigating Officer Name	Telephone no																					
Rank	Force no																					
										,												
	Official Stamp																					
					O	IIICiai c	stamp	,														