

Police Statement

Real People Life is a division of OPCO 365 (Pty) Ltd, a registered Financial Services Provider (FSP9945) with Reg. No. 2001/004440/07 and underwritten by Old Mutual Alternative Risk Transfer Limited ("OMART") who is a registered Long Term Insurer P O Box 19610, Tecoma, 5210



SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: creditlife@realpeoplelife.co.za
 SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL: realclaims@realpeoplelife.co.za



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

This certificate is required to substantiate a death claim under a policy issued by OMART on the life of (name of deceased in full) _____ and will be treated in strictest of confidence.

Name of deceased																																
ID number																																
Date of birth	D	D	M	M	Y	Y	Y	Y																								
Date of death	D	D	M	M	Y	Y	Y	Y																								
Time of death																																
Place of death																																
Magisterial district																																

Was the deceased involved in a motor vehicle accident?

If "yes" was the deceased a

Was a blood-alcohol test done?

Was the deceased involved in an assault?

Was the deceased assaulted during the course of his duties?

Was the deceased and innocent bystander?

What is the death register number?

Area

Was a post mortem carried out?

If so, what were the findings? _____

Is suicide suspected?

Has or will an inquest be held in this regard?

Name of court

Date of inquest

Inquest number and reference

Have or will criminal proceedings be instituted in this regard?

Case reference number

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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	D	M	M	Y	Y	Y	Y
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Trial number and reference

Name of police station where death was reported

Signed at _____

Date

D	D	M	M	Y	Y	Y	Y
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Investigating officer signature _____

Investigating Officer Name _____

Telephone no _____

Rank _____

Force no _____

Official Stamp
