

# STATEMENT BY SOUTH AFRICAN POLICE SERVICE

(TO BE COMPLETED BY THE INVESTIGATION OFFICER AT THE POLICE STATION WHERE THE INCIDENT WAS REPORTED OR IS BEING INVESTIGATED)  
NB. PLEASE COMPLETE THIS FORM IF DEATH IS DUE TO UNNATURAL CAUSES

This declaration is required to substantiate a claim under a policy issued by Siyavika Risk Solutions (Pty) Ltd in respect of the insured person and will be kept strictly confidential.

A. DETAILS OF DECEASED											
Full Names:						Surname:					
ID Number:	Y	Y	M	M	D	D					
Magistrate's District:											
Date of Incident:	Time of Incident:			Place of Incident:							
Date of Death:	Time of Death:			Place of Death:							
B. PLEASE ANSWER THE FOLLOWING QUESTIONS IN REGARD OF THE INCIDENT											
1. Was the deceased involved in a motor vehicle accident?						Yes	No				
2. Was the deceased on duty / commuting to or from work, or on free time?						On Duty	Commuting	Free Time			
3. If a motor vehicle accident, was the deceased – The Driver / A Passenger / Pedestrian						Driver	Passenger	Pedestrian			
4. If the deceased was the driver of the vehicle, did he/she possess a valid driver's licence for the vehicle involved in the accident? (If 'Yes', please attach of copy thereof to this form.)						Yes	No				
5. If the deceased was the driver, was a blood alcohol test done?						Yes	No				
6. What were the results of the blood test?							g/100ml				
7. Is there a suspicion that the deceased may have committed suicide?						Yes	No				
If 'Yes', was a suicide note left?						Yes	No				
8. Was the deceased involved in an assault?						Yes	No				
9. Was the deceased assaulted during the performance of his / her duties?						Yes	No				
(If 'Yes', please give full details.)											
10. Was the deceased an innocent bystander?						Yes	No				
11. Was or will a court proceeding be held in this regard (If 'Yes', please provide the following information:)						Yes	No				
11.1 Name of Court:											
11.2 Date of judicial inquest:											
11.3 Inquest case number and reference:											
12. Have or will criminal proceeding be instituted in this regard?						Yes	No				
12.1 What is the charge?											
12.2 Who is to be prosecuted?											
12.3 Relationship to deceased?											
12.4 Was a conviction obtained?											
12.5 Name of court:											
12.6 Date of trial:											
12.7 Trial number / reference											
12.8 If verdict was passed, what was the outcome? (Please supply copy of the J56.)											
13. Name of police station where death / incident was reported:											
14. Case reference number:											
15. Investigation Officer:											
16. Provide a short description of the events leading to the death of the deceased / or circumstances of the incident:											

Signed at (Place) \_\_\_\_\_ on this (Date) \_\_\_\_\_ day of (Month) \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Commissioner of Oaths / Investigating Officer: \_\_\_\_\_

Full Name and Surname of Investigating Officer: \_\_\_\_\_

Rank / Force Number: \_\_\_\_\_

Contact Details: \_\_\_\_\_

