



# DEATH BENEFIT CLAIM FORM

# 7

## POLICE REPORT FOR UNNATURAL DEATHS

### For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 7 provides us with information about the Unnatural Cause of Death of the Deceased. **It only needs to be completed if the Deceased died as a result of Unnatural Causes (e.g. an accident, murder or suicide).** It should be completed by the investigating officer at the police station where the Deceased's death was reported.

If you need help filling in this form, please call 021 509 4351.

Please return these forms to: OLD MUTUAL GROUP ASSURANCE  
PO Box 1659  
Cape Town 8000

Email: GAPdeathclaims@oldmutual.com  
Fax: 021 509 4669

# A

## INVESTIGATING OFFICER'S REPORT

### 1. Date and details of death:

a. Date of death	
b. Date identified	
c. Place of death	
d. Who identified the deceased?	
e. What is this person's relationship to the deceased?	
f. Was the death due to an accident?	Y/N
g. If the death was not due to an accident: What was the cause of death?	

### 2. Name of the police station where the death was reported.

a. Case reference number	
b. Investigating Officer	

### 3. Have criminal proceedings been or will criminal proceedings be instituted?

	Y/N
a. What was the charge?	
b. Who was charged?	
c. If judgment has been given, what was the verdict?	
d. Is there any suspicion or probability of family involvement in the death of the deceased?	Y/N

**4. Please give a short description of the circumstances of death:**

**B**

**DETAILS OF THE INVESTIGATING OFFICER**

<b>Name of Investigating Officer</b>		<b>Rank</b>	
<b>Signed at (place)</b>		<b>Date signed</b>	
<b>Telephone</b>		<b>Cell phone</b>	
<b>Signature of investigating officer</b>		<b>Official Stamp</b>	



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