

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

This certificate is required to substantiate a claim under policy number _____ issued by Sanlam Developing Markets Limited on the life of _____ and will be treated as confidential.

A. Details of the deceased

Policy Number	_____		
Surname	_____	Title and Initials	_____
Full Names	_____	Passport / ID Number	_____

B. Statement by police

To be completed by the Investigating Officer at Station where incident was reported

Case Number	_____		
Nature of Accident	Traffic Accident <input type="checkbox"/>	Work Accident <input type="checkbox"/>	Assault <input type="checkbox"/> Aviation <input type="checkbox"/>
Nature of Accident	Pedestrian <input type="checkbox"/>	Passenger <input type="checkbox"/>	Driver <input type="checkbox"/>
Give a description of the circumstances of death _____			

Was a post mortem done? (if yes, copies of post mortem report should be submitted)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was a blood test done? (if yes, copies of blood test result should be submitted)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is suicide suspected?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Has / will an inquest be held?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Date of Inquest	Y Y Y Y / M M / D D	Inquest Number	_____
Date of Case	Y Y Y Y / M M / D D	Court Name	_____
Will criminal charges be brought? (if yes, state the charges below)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Who will the charges be brought against? _____			
Full Names and Surname of investigating officer _____			

C. Declaration by investigating officer

Name of Police Station	_____		
Contact Number of Police Station	_____	Contact Number of Investigating Officer	_____
SIGNATURE OF INVESTIGATING OFFICER		POLICE STAMP	

Y Y Y Y / M M / D D			
DATE			

Contact us

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