



012 880 2606

info@barokafunerals.co.za

064 545 5616

467 Stanza Bopape Street  
Arcadia, Pretoria, 0007

www.barokafunerals.co.za

## Statement by Police - Death

### How to complete this form

This form should be completed by the investigating officer at the police station where the death or the insured was reported.

Please complete clearly in black ink.

To avoid queries, please ensure this document is completed in full.

### Details of Death

This document is required to substantiate a death claim in terms of Policy number

Surname

Full Names

Also known as

Date of Birth

Date of death

Place of death

Magisterial  
district

### Details of the person who identified the deceased:

Surname

Full Name

Contact Details

Exact date the deceased was identified

Name of the police station where the death was reported

Case reference number

## Statement by Police - Death

Was the deceased involved in a Motor vehicle accident?

YES

NO

Was the deceased the  Driver  Pedestrian  Passenger

If the deceased was the driver, did her/she have a valid driver's licence?

YES

NO

**Please include a full copy of the road traffic accident report**

Was a blood alcohol test done?

YES

NO

**If yes, please include the results**

Was a post mortem carried out?

YES

NO

**If yes, please include a copy.**

Body number

Is suicide suspected?

YES

NO

Was the deceased right or left handed?

Right

Left

Were there any witnesses to the accident/death? If so, please provide names and contact details

Has an inquest been held?

YES

NO

Date of Inquest

Date

Inquest No and Reference

Name of court

Have any sentence been passed?

YES

NO

Please state what sentence has been passed?

Date of trial

Date

Reference Number

Full names and Surname as well as contact details of the person/s that was charged




If not held, are inquest proceedings still to be instituted?

YES

NO



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## Statement by Police - Death

Are the circumstances of the death unusual or under suspicion

YES

NO

If yes, why?


Please provide a short description of the circumstances of death


Signed at (town or city)

on  
(date)

Full name and rank of investigating officer

Signature

Office telephone  
number

Cellphone number

Once completed, please send this form to Baroka funerals

By e-mail [claims@barokafunerals.co.za](mailto:claims@barokafunerals.co.za)

For all Claims, related queries call

012 880 2602

Official Stamp

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