

POLICE DECLARATION

This declaration must be completed by the Investigating Officer at the Police Station where the death of the Life Assured was reported.

SECTION A: PERSONAL DETAILS:

Policy number:

Name and surname of Life Insured:

Name of Police Station where case was reported:

Case reference number:

SECTION B: INVESTIGATING OFFICER'S DETAILS:

Name and surname:

Telephone number: Fax number:

Magisterial District:

Date of accident: Time of accident:

Was the accident a direct result of any of the following:

Road traffic accident Driver Passenger Pedestrian Murder Assault Shooting

Please provide a brief description of the event surrounding the accident:

Was the deceased in possession of a valid driver's license? Yes No

Was a blood alcohol analysis done? Yes No

Results of the analysis (if applicable)?

Was the deceased in violation of any act of the law? Yes No

Did the incident occur during the execution of normal duties? Yes No

Is there reason to believe that the deceased committed suicide? Yes No

Is there a suicide note? Yes No

Has/Will an inquest be held? Yes No

Name of Court Date of inquest:

Inquest number

Have/Will criminal proceedings be instituted? Yes No

Criminal act: Accused:

Trial date: Trial date:

Name of investigating officer:

Rank:

Cellular number: Telephone number:

Email: Fax number:

I declare that the forgoing statements are true and have not been altered in any way

Signed at _____ on this _____ day of _____ 20 _____

Signature

Official Stamp