

## DECLARATION BY POLICE UPON ACCIDENTAL DEATH

Please return to:

**Smartcall Insurance Administrators (Pty) Ltd**

Tel: 082 241 4949 (toll free); Fax: 011 507 4700; 086 670 2654

PO Box 412041

Craighall

2024

### TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE ACCIDENT WAS REPORTED

Insurer of the life of the person mentioned below and will be considered strictly confidential.

#### DETAILS OF THE LIFE ASSURED

Policy number \_\_\_\_\_  
Surname \_\_\_\_\_  
Full Names \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
ID Number \_\_\_\_\_

#### DETAILS OF THE ACCIDENT OF THE LIFE ASSURED

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_  
Place of accident \_\_\_\_\_  
Cause of accident \_\_\_\_\_  
Magisterial district \_\_\_\_\_  
Police station where accident was reported \_\_\_\_\_  
Case number \_\_\_\_\_  
Date reported \_\_\_\_\_  
Name of investigating officer \_\_\_\_\_

1. Was the life assured involved in a motor accident? \_\_\_\_\_
  - a) Was the life assured a driver, passenger or pedestrian? \_\_\_\_\_
  - b) Was a blood alcohol test done on the life assured? \_\_\_\_\_
  - c) Results of the blood alcohol test? \_\_\_\_\_
2. Was the life assured involved in an assault? \_\_\_\_\_
  - a) Was the life assured assaulted during the course of his/her duties? \_\_\_\_\_
  - b) Was the life assured an innocent bystander? \_\_\_\_\_
3. Has an inquest been held or will one be held? \_\_\_\_\_
  - a) Inquest number and reference: \_\_\_\_\_

4. Have/ Will criminal proceedings been/be instituted? \_\_\_\_\_
- a) If yes, name of person charged? \_\_\_\_\_
  - b) What were/ are the charges? \_\_\_\_\_
  - c) If judgment was given, what was the verdict? \_\_\_\_\_
  - d) Which court? \_\_\_\_\_
  - e) Date of trial (DD/MM/YYYY)? \_\_\_\_\_
  - f) Trial and reference number \_\_\_\_\_

5. Give a description of the circumstances of the accident

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**DECLARATION**

I declare that all the foregoing statements are true and correct.

Date (DD/MM/YYYY) \_\_\_\_\_

Station \_\_\_\_\_

Tel. No. \_\_\_\_\_

Cell. No. \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Rank \_\_\_\_\_

Rank No \_\_\_\_\_

Stamp

