

NEW APOSTOLIC CHURCH BURIAL FUND SA

Statement by Police for Funeral Claims

Claims & Enquiries: 0860 555 992

Email: nacbf@fmscenta.co.za

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

PLEASE COMPLETE THIS FORM IF THE CAUSE OF DEATH IS UNNATURAL

Deceased Full Name

Deceased ID Number

Details of Incident PLACE TIME : Y Y Y Y M M D D

Details of Death PLACE TIME : Y Y Y Y M M D D

Magisterial District

Is there a suspicion that the deceased may have committed suicide? Yes No

If 'yes', was a suicide note left? Yes No

Was the insured life involved in a motor vehicle accident? Yes No

Was the insured life a / the... Driver Passenger Pedestrian

If the driver, was he / she in possession of a valid driver's license? Yes No

Was a blood alcohol test done? Yes No

What were the results of the blood alcohol test? g/100ml

Was the insured life involved in an assault? Yes No

Was the insured life assaulted during the performance of his / her duties? Yes No

Was the insured life an innocent spectator? Yes No

Was or will a court proceeding be held in this regard? Yes No

If yes, name of court

Reference number of court / inquest proceedings

Was or will criminal proceedings be instituted in this regard? Yes No

If yes, what is the charge?

Verdict, if known

Name of Police Station where death / accident was reported

Case reference number

Investigating Officer

If possible, please give a short description of the circumstances of the death / accident

Signature of Investigating Officer / Police Officer

Name of Investigating Officer / Police Officer

Rank / number

Contact number Date Y Y Y Y M M D D