POLICE REPORT - For all Unnatural cause death

Ingwe Life is a Cat 4 Authorised Financial Services Provider FSP No 46004

Head Office: Northlands Corner Shopping Centre, Unit F2A, 1st Floor, Tower A, Corner Witkoppen & Newmarket Roads, Northriding

Tell: 011 462 0353 / 0861 INGWE LIFE - Email: claims@ingwelife.com - WhatsApp: 060 568 5581



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:

Scheme Name :		Policy number						
A. Details of deceased								
Title	Initials							
Full names	Surname							
D number								
B. Statement by police								
To be completed by the Investigating Officer	at Station where incident was	reported.						
Case number								
Nature of accident/death	Traffic Accident	Work Accident	Assua	əlt	Aviation	n		
If nature was traffic accident, please specify	Pedestrian	Passe	enger	Driver				
Give a full description of the circumstances of	death							
Was a blood test done? (if yes, copies of blood test result should be submitted)					No			
Is suicide suspected?		Yes	Ĺ	No				
Was a post mortem done? (if yes, copies of p	submitted)	Yes	Ĺ	No				
Date of Inquest _Y Y Y Y /		Inquest numbe	er 📗					
Date of Case Y Y Y /								
Will criminal charges be brought? (if yes, state the charges below)			Yes		No			
Is any of the Deceased's family involved in the Inv		Yes		No				
Who will the charges be brought against?								
Full Names and Surname of investigating office	cer							
C. Declaration by Investigating	Officer – I the undersigned, her	eby certify that the	information provi	ded in this do	cument is true a	nd correct		
Name of Police Station		Investigating Offi	cer :					
Contact Number of Investigating Officer		_						
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Signature of Investigating Officer	Y Y Y Y / M M ,		Police Station S	tamp				