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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:

[illegible][illegible]

A. DETAILS OF DECEASED

[illegible][illegible][illegible][illegible]

B. STATEMENT BY POLICE

To be completed by the Investigating Officer at station where incident was reported.

[illegible]

Nature of accident/death: ☒ Traffic accident ☒ Work accident ☒ Assault ☒ Aviation

If nature was traffic accident, please specify:

☒	Pedestrian	☒	Passenger	☒	Driver
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Give a full description of the circumstances of death

Was a blood test done? (if yes, copies of blood test result should be submitted) ☒ Yes ☐ No

Is suicide suspected? ☒ Yes ☒ No

Was a post-mortem done? (if yes, copies of post-mortem report should be submitted) ☒ Yes ☐ No

[illegible][illegible]

Will criminal charges be brought? (if yes, state the charges below) ☒ Yes ☒ No

Is any of the deceased's family involved in the investigation? ☒ Yes ☒ No

[illegible][illegible]

C. DECLARATION BY INVESTIGATING OFFICER - I the undersigned, hereby certify that the information provided in this document is true and correct

[illegible][illegible][illegible]

Signature of Investigating Officer

D	D	/	M	M	/	Y	Y	Y	Y
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Signed date

Police station stamp