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## Police Report

VAT Number: 4680173723  
NCR Number: NCRCP13  
24-hr Client Care Centre: 0860 10 20 43  
Email form to: Funeralclaims@capitecbank.co.za

Capitec Bank Limited  
5 Neutron Road, Techno Park  
Stellenbosch

### A. Details of Deceased

Policy number:

Title: \_\_\_\_\_ Full names: \_\_\_\_\_

Surname: \_\_\_\_\_ ID/Passport Number:

### B. Statement by Police

To be completed by the investigating Officer at Station where incident was reported

Case Number:  Place of death: \_\_\_\_\_

Police station where death was reported: \_\_\_\_\_

Nature of Accident / Death:  Traffic Accident  Work Accident  Assault  Aviation

If nature was traffic accident, please specify:  Pedestrian  Passenger  Driver

Give a description of the circumstances of death: \_\_\_\_\_

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

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

Is suicide suspected?  Yes  No

Has/will an inquest be held?  Yes  No

Date of Inquest (dd/mm/yyyy)  Inquest Number \_\_\_\_\_

Date of Case (dd/mm/yyyy)  Court Name \_\_\_\_\_

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

Who will the charges be brought against \_\_\_\_\_

Full Name of Investigating Officer \_\_\_\_\_ Rank Number: \_\_\_\_\_

### C. Declaration by Investigating Officer

Name of Police Station: \_\_\_\_\_ Contact Number of Police Station:

Street Address of Police Station: \_\_\_\_\_

Contact Number of Investigating Officer:  Police Station Stamp: \_\_\_\_\_

Signature of Investigating Officer: \_\_\_\_\_

Date: