

To be completed by the Investigating Officer and will be considered strictly private and confidential.

Name of Client:	
Date, time and place of incident:	
Magisterial District:	
Was a blood alcohol/DNA or toxicology analysis done?	
Result of the analysis:	
Was the injury/death self-inflicted?	
If yes, please supply details:	
Have or will criminal proceedings be instituted?	
Criminal Act:	
Accused:	
Verdict:	
Trial Date:	
Trial no. & reference no.:	
Name of Police Station where the incident was reported:	
Case reference number:	
Please give a short description of the circumstances surrounding the incident:	

1. Was the life assured involved in a motor Vehicle Accident? Yes  No

2. If **YES**, please furnish a full copy of the road traffic accident report:

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3. Was the claimant a driver, passenger or pedestrian?

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4. If driver, was the claimant in possession of a valid driver's licence? Yes  No

5. Was a blood test done? Yes  No  Results

6. Were there any witnesses to the incident?

\_\_\_\_\_

7. Is the claimant left or right handed?

\_\_\_\_\_

8. Was a Post Mortem Held? (If available please attach copy) Yes  No

9. If **YES** please provide details – I.D. / Results / Reference:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Name of Mortuary where post-mortem was held:

\_\_\_\_\_

\_\_\_\_\_

11. Name of Doctor who performed the post-mortem:

\_\_\_\_\_

\_\_\_\_\_

12. Are the circumstances of death unusual or under suspicion? **If yes, why?**

\_\_\_\_\_

\_\_\_\_\_

Dated at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Name of Investigating Officer: \_\_\_\_\_

Force Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Fax number(s): \_\_\_\_\_