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2193



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Police Report Claim Form

Please complete this form and email it back to us at life.claims@miwaylife.co.za. Or you can call our Servicing Department on 0860 64 54 33.

Strictly confidential

The investigating officer at the police station where the death was reported must complete this form. This form is required to confirm the death claim.

Section A: Particulars of the Deceased

- a. Full first name(s) and Surname: _____
- b. ID Number: _____
- c. Date of Birth: _____
- d. Cause of death: _____
- e. Residential Address: _____

Section B: Investigating Officer's Report

Case number: _____

Date and time of death: _____

Place of death: _____

Magisterial district: _____

- a. Was the deceased involved in a motor vehicle accident? Yes or No _____
Was the deceased a driver, passenger, or pedestrian? Please confirm _____
If the deceased was the driver, was he or she in possession of a valid driver's license? _____
Driver's License code and date issued _____
- b. Was a blood alcohol test done on the deceased? Yes or No _____
If yes, what was the result? _____
- c. Is there a possibility that the deceased committed suicide? Yes or No _____
- d. Was the deceased involved in an assault? Yes or No _____
Was the deceased assaulted during his or her duties? Yes or No _____
Was the deceased an innocent bystander? Yes or No _____

- Did the deceased provoke the incident? Yes or No _____
- e. Was the deceased involved in a shooting accident? Yes or No _____
 If yes, did the deceased take his or her own life intentionally? Yes or No _____
 Did a shooting accident occur? Yes or No _____
 Is anyone being held responsible for the accident? Yes or No _____
- f. Was an autopsy done? Yes or No _____
 If yes, what is the name of the medico-legal laboratory where the autopsy was performed? _____

 Date the autopsy was performed _____
 Name of the doctor who performed the autopsy _____
 Doctor's telephone number _____
 Cause of death, as determined by the autopsy _____
- g. Has an inquest been held, or will one be held? Yes or No _____
 If yes, what is the name of the Court _____
 Date of inquest _____
 Inquest number and reference _____
- h. Name of the police station where the death was reported _____
 Case reference number _____
 Investigating officer _____
- i. Please provide a short description of the circumstances of the death

Signed at _____ date _____ month _____ year _____.

Signature of the investigating officer _____ Official Stamp _____

Name of the Investigating Officer: _____ Telephone number (landline) _____
 E-mail _____ Mobile (Cellphone) number _____
 Rank _____ Force number _____

MiWayLife Disclosures

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MiWayLife cares about the privacy of its clients. To provide the insured with our service, we and our service providers must process the personal information you provide us in line with the applicable data privacy laws. As a result, we will treat this information with caution, and we have put reasonable security measures in place to protect it.