

STATEMENT OF POLICE

This form is to be completed by the investigating officer at the police station where the incident / accident causing the life assured's death was reported.

This certificate is required to substantiate a claim under Policy Schedule number:

Issued by Stangen and will be **treated in strict confidence.**

Surname of Life Assured

Full Name / s

Alias (also known as)

C C Y Y M M D D

Date of Birth

ID No.

Date of Incident

Time of Incident

:

Place of Incident

Magisterial District

Name of police station where incident was reported

Case reference number

Was the life insured involved in a motor vehicle accident?

Yes

No

If Yes, please furnish a full copy of the road traffic accident report

Was the life assured a driver, passenger or pedestrian?

If driver, was the life assured in possession of a valid driver's licence?

Yes

No

Was a blood test done?

Yes

No

Results

Were there any witnesses to the incident?

Is the life assured left or right handed?

Signed at

On _____ day of _____ of 20____

Full name of investigating officer

Rank of investigating officer

Signature

Contact Telephone

Cell

On completion, please email this form to claims@stangenlife.co.za or fax to 087 942 4725. Any questions please call 010 020 7600

OFFICIAL STAMP