

POLICE REPORT

To be completed by the investigating officer at the police station where the case was reported.

Please return to: Hollard Group Risk, Florence House, 22 Oxford Road, Parktown 2193 or PO Box 87419, Houghton 2041.
Tel: (011) 351 5000. Email: HGRdeathclaims@hollard.co.za

PRIVACY STATEMENT

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share your personal information with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk or servicing you. We impose the same strict confidentiality standards on these parties as is applied by us. By providing the required personal information and signing this form, you consent to us processing and sharing your personal information with third parties. We will treat this information with caution, and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared for marketing additional products and/or services.

SECTION A: DETAILS OF THE DECEASED

Employer/ Policyholder:	<input type="text"/>
Policy number:	<input type="text"/>
First names:	<input type="text"/>
Surname:	<input type="text"/>
Identity number:	<input type="text"/>

SECTION B: POLICE STATEMENT (to be completed by the investigating officer at the police station where the case was reported)

Case number:	<input type="text"/>
Police station contact number:	<input type="text"/>

Nature of accident / death:

- | | | | |
|------------------------------------|------------|-----------|--------|
| Traffic accident (please specify): | Pedestrian | Passenger | Driver |
| Work accident | | | |
| Assault | | | |
| Aviation | | | |

Give a detailed description of the circumstances of death:

- Was a post-mortem done? Yes (If yes, submit a copy of the post-mortem report) No
- Where blood tests done? Yes (If yes, submit copies of the blood test results) No
- Is suicide suspected? Yes (If yes, complete below) No

Please elaborate on the circumstances surrounding the suicide:

- Has / will an inquest be held? Yes (If yes, complete below) No

Date of inquest: Inquest number:

Date of case: Court name:

- Was the deceased involved in any of the following at the time of death: war, invasion, rebellion, revolution, uprising, riot, civil commotion, strike (including a protected strike), labour disturbance, and the seizing of power?

Yes (If yes, please specify): No

- Will criminal charges be brought? Yes (If yes, complete below) No

Who will the charges be brought against:

State charges below:

- Are any family members considered suspects? Yes No

SECTION C: INVESTIGATING OFFICER DETAILS

Full name(s) and surname of the Investigating Officer:

Contact number of the Investigating Officer:

Rank of the Investigating Officer:

SECTION D: DECLARATION BY THE INVESTIGATING OFFICER

I declare that the answers and statements I have made are true to the best of my knowledge and I have not withheld any material facts from Hollard Group Risk. In the event that this claim or any supporting claim documentation is found to be fraudulent or misrepresented, Hollard Group Risk reserves the right to proceed with the appropriate action against the claimant.

I have read, understand and agree to the privacy statement in this form which includes the collection and processing of personal information. If I am agreeing to the aforementioned on behalf of someone else, I confirm that I have the necessary approval and/or mandate to do so.

Signed at on this day of 20

Signature of Investigating Officer

Police stamp