

## SAPS Declaration

### Details of the deceased

This certificate is required to substantiate a death claim and will be considered strictly confidential.

Membership number

Frist names

Surname

Date of birth   -   -

### Investigating officer's report

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.

#### 1. Date, time and place of death

a. Date of death   -   -     Time of death  :

Place of death

b. Magisterial district

c. Who identified the deceased?

Date identified   -   -

d. What is this person's relationship to the deceased?

2. Is there a possibility that the deceased committed suicide? Yes  No

3. Was the deceased involved in a motor vehicle accident? Yes  No

a. Was the deceased a  driver  passenger  pedestrian

b. If driver, was the deceased in possession of a valid driver's license? Yes  No

Driver's license code  Date issued   -   -     Valid until   -   -

c. Was a blood alcohol test done on the deceased? Yes  No

d. If Yes, what was the result? \_\_\_\_\_

(Please attach a copy of the test result)

e. Are there any witnesses to the accident? (Please attach a copy of the full road traffic accident report) Yes  No

4. Was the deceased involved in an assault? Yes  No

a. Was the deceased assaulted during the course of his/her duties? Yes  No

b. Was the deceased an innocent bystander? Yes  No

c. Did the deceased provoke the incident? Yes  No

5. Was the deceased involved in a shooting accident? Yes  No

a. If Yes, did the deceased take his/her own life intentionally? Yes  No

b. Did a shooting accident occur? Yes  No

c. Is anyone being held responsible for the accident? Yes  No

**New Adventure Insurance Brokers (Pty) Ltd t/a YAMBU**

**Directors: Q van Rooyen, FJ Abrahams, A Brand and MJ Mathee**

Tel: 0860 88 88 37 | Fax: 086 552 0491 | Email: [info@yambu.co.za](mailto:info@yambu.co.za) | Website: [www.yambu.co.za](http://www.yambu.co.za)  
 Tuscany Office Park, Block 9, First Floor, 6 Coombe Place, Rivonia, 2128 | PO Box 6984, Johannesburg, 2000  
 Registration Number: 2000/023619/07) t/a Yambu (FSP number 34750), a registered financial services provider  
 & underwritten by Guardrisk Insurance Company Limited (FSP 75)

6. Was an autopsy done? Yes  No

a. If Yes, name of medico-legal laboratory where autopsy was performed

b. Date the autopsy was performed on  DD - MM - YYYY

c. Death register number

d. Name of doctor who performed the autopsy

e. Telephone number of this doctor

f. Name of doctor who performed the autopsy

g. Height  cm Weight  kg Build

Nutritional state

h. Were any specimens kept? Yes  No

If Yes, type of specimen  Examination

Detail

i. Serial number of medical certificate regarding cause of death issued

7. Has an inquest been held or will one be held? Yes  No

a. If Yes, name of court

b. Date of inquest  DD - MM - YYYY

c. Inquest number and reference

8. Have criminal proceedings been instituted or will criminal proceeding be instituted? Yes  No

a. What was the charge?

b. Name of the individual/s charged

c. If judgement has been given, what was the verdict?

d. Is there any suspicion or probability of family involvement in the death of the deceased? Yes  No

9. Name of the police station where the death was reported

a. Case reference number

b. Investigating officer

10. Please attach copies of all affidavits already obtained in respect of this investigation.

11. Please provide a short description of the circumstances of death:

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Signed at

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Date

D	D	-	M	M	-	Y	Y	Y	Y
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Official stamp

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Signature of investigating officer

Name

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Rank

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Rank Number

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Telephone number

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