Funeral cover claim Statement by police

Discovery

Contact us
Tel: 0860 103 905, PO Box 3017, Rivonia 2128, www.discovery.co.za

How to complete this form

- The investigating officer at the police station where the event or incident of the life assured was reported must complete this form.
- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please ensure this document is completed in full.

1. Details of death

This certificate is required to substantiate a funeral claim under policy (please provide policy number)

Issued by Discovery Health, on the life of (please provide policy number)
and will be treated in **strict confidence.**

Surname of deceased

Full name/s

Also known as

Date of birth (Y Y Y Y M M D D) ID number

Date of death (Y Y Y Y M M D D) Time of death

Place of death

Magisterial district

Details of person who identified the deceased:

Full names

Surname

Contact details

Please include the exact date (Y Y Y Y M M D D)

Name of police station where death was reported

Case reference number

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

Was the deceased a driver, passenger or pedestrian?

If the driver was the deceased, did he or she have a valid driver's licence? Yes ☐ No ☐

Was a blood alcohol test done? Yes ☐ No ☐

Results

Were there any witnesses to the accident? If so, please provide names and contact details:

Please submit a full copy of the road traffic accident report

Are the circumstances of the death unusual or under suspicion? Yes ☐ No ☐

If yes, why?

Was a post-mortem carried out? Yes ☐ No ☐ Body number

If yes, please attach a copy.

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1. Details of death *(continued)*

Please include full details of the findings

Is suicide suspected? Yes ☐ No ☐

If by firearm, were powder residue tests done?

Was the deceased left or right-handed? Left handed ☐ or Right handed ☐

Has an inquest been held? Yes ☐ No ☐

Name of court

Date of inquest Y Y Y Y M M D D

Inquest number and reference

What sentence, if any, has been made?

Date of trial Y Y Y Y M M D D Reference number

Provide full names and contact details of person/s charged

If not held, are inquest proceedings still to be instituted? Yes ☐ No ☐

Please provide a short description of the circumstances of death

Signed at (town or city) on Y Y Y Y M M D D

Full name and rank of investigating officer

Signature

Contact telephone number

Cell number

Once completed, please send this form back to us

By fax: 011 539-0010
By mail: Discovery
PO Box 3017
Rivonia
2128

or

By email: FuneralClaimsRequirements@discovery.co.za
For claims related queries call: 0860 103 905

or

email: FuneralClaims@discovery.co.za

Any complaints should be directed to: life_complaints@discovery.co.za

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