SANLAM SKY INSURANCE COMPANY

DECLARATION BY POLICE

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION, WHERE THE INCIDENT WAS REPORTED.

POLICY DETAILS

This certificate, is required to consider a claim under the under-mentioned policy

Policy no. / Scheme code _____ Membership Number _____

Insured (name in full) _____

Id Number _____

INCIDENT

1. a) Name of the insured (in full): _____

b) Place of incident: _____

c) Magistorial District: _____

d) Name of police station where the incident was reported: _____

e) Case reference number: _____

f) Investigation Officer: _____

MOTOR ACCIDENT

2. Was the insured involved in a motor vehicle accident? _____

a) Was the insured a driver, passenger or pedestrian? _____

b) If the driver, were there any passengers in the car? _____

c) How many cars were involved? _____

d) Registration number(s) and name(s) of driver(s) of car(s) involved _____

e) Was a blood-alcohol test done on the insured? _____

f) Results of blood-alcohol test _____

ASSAULT

3. Was the insured involved in an assault? _____

a) Was the insured assaulted during the course of his/her duties? _____

b) Was the insured an innocent bystander? _____

INQUEST

4. Has an inquest been, or will one be held? _____

a) Name of Court: _____

b) Inquest number and reference: _____

CRIME

5. Have criminal proceedings been, or will criminal proceedings be instituted? _____

a) What was the charge? _____

b) Who was charged? _____

c) If judgment has been given, the verdict: _____

d) Name of court: _____

e) Trial number and reference:

DESCRIPTION

6. If possible, a short description of the circumstances of the incident: _____

OFFICIAL USE

Dated at: _____ Date _____ (dd/mm/yyy)

Signature of investigating officer: _____

Name: _____

Designation: _____

Tel: _____