



DEATH BENEFIT CLAIM FORM

7

POLICE REPORT FOR
UNNATURAL DEATHS

For reference purposes:

Name and Surname of the Deceased (as per the ID book)

ID Number or Passport Number of the Deceased

This is Claim Form 7 and it provides us with information about the Unnatural Cause of Death of the Deceased. **It only needs to be completed if the Deceased died as a result of Unnatural Causes (e.g. an accident, murder or suicide).** It should be completed by the investigating officer at the police station where the Deceased's death was reported.

If you need help filling in this form, please call 0860 388 873. Please return these forms to the Claims Department:

Old Mutual SuperFund
PO Box 728, Cape Town 8000, South Africa.

Tel: 0860 203 040
Fax: 021 509 4677 or 021 509 6271
Email: SuperfundDeathsQueries@oldmutual.com

A

INVESTIGATING OFFICER'S REPORT

1. Details of death

a. Date of death	
b. Date identified	
c. Place of death	
d. Who identified the deceased?	
e. What is this person's relationship to the deceased?	
f. Was the death due to an accident?	Y/N
g. If the death was not due to an accident: What was the cause of death?	

2. Police report details

a. Name of the police station where the death was reported.	
b. Case reference number	
c. Investigating officer	

3. Have criminal proceedings been or will criminal proceedings be instituted?

	Y/N
a. What was the charge?	
b. Who was charged?	
c. If judgment has been given, what was the verdict?	
d. Is there any suspicion or probability of family involvement in the death of the deceased?	Y/N

4. Please give a short description of the circumstances of death:

B

DETAILS OF THE INVESTIGATING OFFICER

Name of investigating officer		Rank	
Signed at (place)		Date signed	
Telephone		Cell phone	
Signature of investigating officer		Official stamp	

