

POLICE REPORT FORM



King Price Life Insurance Limited
Licensed insurer | FSP no. 47235
Reg no. 1948/029011/06



Dignity group is an authorised
Financial Services Provider,
FSP: 44875

Once you've completed the form, please email it to claims@dignitygroup.co.za and our claims team will take it from there. Tel: 0861 777 100 | fax: 086 6653862

Policy holder details	
Client name	
Policy no.	
Deceased name	
Deceased ID no.	
The deceased is my:	

Incident details			
Place of incident			
Date and time		Case ref no.	
Name of police station where incident was reported			
Investigating officer name:		Contact details:	
Was the deceased involved in an assault		Yes	No
Is the suspect related to the deceased		Yes	No
Was the cause of death suicide		Yes	No
Was the deceased involved in a motor vehicle accident		Yes	No
Please provide a short description of the incident			

Investigating officer details	
Name	
Designation	

Signed at _____

Date _____

Investigating officer's signature

OFFICIAL STAMP