



Police Report Form

Dignity Group is an authorised Financial Services Provider FSP: 44875

Underwritten by African Unity Life Ltd a licensed insurer and authorised Tel: 0861 777 100 | Fax: 086 6653862 | Email: claims @dignitygroup.co.za financial services provider, FSP 8447 DETAILS OF THE PRINCIPLE INSURED Policy Number Claim Number Surname Name **ID Number Policy Number** Email) **DETAILS OF THE DECEASED** Name Surname **ID Number** Date of Birth Child Student **Extended Family Member** Principle Insured Spouse Common Law Spouse Cause of Death Date of Death Vehicle Accident Drowning Shooting Other Benefit Amount Comments PARTICULARS OF THE DEATH CLAIM SAPS CASE Number **Police Station Investigating Officers Name Investigating Officers Contact** Circumstances of the Death Is anyone being investigated / been arrested in this case? Yes No If "Yes", is the person directly related to the deceased? Yes No Is the death being investigated as SUICIDE? Yes No DECLARATION AND SIGNATURE OF THE INVESTIGATING OFFICER I hereby declare that the information provided in this document is accurate and correct **OFFICIAL STAMP** Signature Date