VEBI GROUP
Funerals and Financial Services

RMA
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Statement by Police - Death

How to complete this form

This form should be completed by the investigating officer at the police station where the death or the insured was reported.

Please complete clearly in black ink.

To avoid queries, please ensure this document is completed in full.

Details of Death

This document is required to substantiate a death claim in terms of Policy number

Surname

Full Names

Also known as

Date of Birth

Date of death

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Place of death

Magisterial district

Details of the person who identified the deceased:

Surname

Full Name

Contact Details

Exact date the deceased was identified

Name of the police station where the death was reported

Case reference number

Was the deceased involved in a Motor vehicle accident? YES NO

Was the deceased the Pedestrian Passenger Driver

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If the deceased was the driver, did her/she have a valid driver's licence? YES NO

Please include a full copy of the road traffic accident report

Was a blood alcohol test done? YES NO

If yes, please include the results

Was a post mortem carried out? YES NO

If yes, please include a copy.

Body number

Is suicide suspected? YES NO

Was the deceased right or left handed? Right Left

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

Has an inquest been held? YES NO

Date of Inquest Date

Inquest No and Reference

Name of court

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Have any sentence been passed? YES ☐ NO ☐

Please state what sentence has been passed?

Date of trail Date ☐ Reference Number ☐

Full names and Surname as well as contact details of the person/s that was charged ☐

If not held, are inquest proceedings still to be instituted? YES ☐ NO ☐

Are the circumstances of the death unusual or under suspicion YES ☐ NO ☐

If yes, why?

Please provide a short description of the circumstances of death

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Signed at (town or city)

on (date)

Full name and rank of investigating officer

Office telephone number

Cellphone number

Signature

Once completed, please send this form to RMA Life

By e-mail claims@vffs.co.za

For all Claims, related queries call 081 489 4376

Official Stamp