

POLICE REPORT FOR ASSESSMENT OF DEATH CLAIM

TO BE COMPLETED BY THE INVESTIGATING OFFICER AND WILL BE CONSIDERED STRICTLY CONFIDENTIAL

FUND NAME _____

CASE DETAILS

NAME OF POLICE STATION WHERE DEATH WAS REPORTED _____

CASE REFERENCE NO. _____ INVESTIGATING OFFICER _____

DETAILS OF DECEASED

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

DETAILS OF DEATH

DATE, TIME OF DEATH _____ PLACE OF DEATH _____

Please indicate circumstances of death (tick relevant block below):

- ASSAULT MURDER SUICIDE/SELF-INFLICTED
 MOTOR VEHICLE ACCIDENT UNKNOWN – STILL BEING INVESTIGATED

If 'Motor Vehicle Accident', was the deceased the driver? YES NO

Please provide details/circumstances of death:

In all instances please advise who the main suspect is (provide name and surname) and whether this person is a family member or not.

Was a Post Mortem held? YES (if available please provide a copy) NO

If 'YES' please provide details i.e. results/reference etc.

AUTHORISATION

FULL NAME OF INVESTIGATING OFFICER _____

RANK OF INVESTIGATING OFFICER _____

TELEPHONE NO. (_____) _____ FACSIMILE NO. (_____) _____

SIGNATURE OF INVESTIGATING OFFICER _____

DATE _____ POLICE STATION STAMP _____

PLEASE NOTE

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