

DECLARATION BY POLICE

The Professional Provident Society Holdings Trust No IT 312/2011 (PPS) is a Registered South African Trust. The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06 Professional Provident Society Insurance Company Limited is a licensed insurer conducting life insurance business, a licensed controlling company and an authorised financial services provider. Any reference to PPS in this form means PPS Insurance.



PPS Contact Details:

Claim submissions:

E-mail: ppsdeathclaims@pps.co.za

Claim-related enquiries:

E-mail: memberservices@pps.co.za

Tel: 0860 123 777 or +27 (0) 11 644 4300

Monday to Friday from 07:00 to 19:00 and **Saturday** from 08:00 to 13:00

Estate late:

ID number/Passport if no ID:

IMPORTANT

To be completed by the investigating officer at the police station where the death of the deceased was reported. Tick where applicable.

1. This certificate is required by PPS Insurance to substantiate a death claim and will be considered strictly confidential.

(a) Name of deceased (in full):

(b) ID number/Passport if no ID:

(c) Date, time and place of death:

(d) Magisterial district:

2. Was the deceased involved in a motor vehicle accident? YES NO

Was the deceased:

(a) Driver: Passenger: Pedestrian:

(b) Will any steps be taken against the driver? YES NO

(c) Was a blood-alcohol test done on the deceased? YES NO

If yes, what were the results?

3. Do you suspect foul play, if yes, please complete the questions below:

(a) Was the deceased assaulted? YES NO

(b) Was the deceased an innocent bystander? YES NO

(c) What is the suspected cause of death?

(d) Were blood or any other tests performed and referred for toxicology investigation? Please provide comprehensive details in this regard with specific reference to: YES NO

i) Nature of tests:

ii) Laboratory performing toxicology:

iii) Expected date of completion:

iv) Contact details of laboratory:

4. Do you suspect that the deceased committed suicide? If yes, please substantiate: YES NO

5. Has an inquest been held or will one be held? YES NO

(a) Name of court:

(b) Date of inquest: / /

(c) Inquest number and reference:

6. Have criminal proceedings been instituted or do you foresee that any proceedings will be instituted in the future? YES NO

(a) What was the charge?

(b) Who was charged?

(c) Is someone under suspicion i.e. family member?

(d) If judgement has been passed, what was the verdict?

(e) Name of court?

(f) Date of trial: / /

(g) Trial number and reference:

7. Details of police station where death was reported:

(a) Name of police station:

(b) Case reference no:

(c) Investigating officer:

8. Was a post mortem done? **(if so please provide a copy)** YES NO

9. If possible, provide a short description of the circumstances of death:

Signed at this day of 20

Signature of investigating officer:

Name and rank:

Cellular:

Business tel:

E-mail:

NB! OFFICIAL STAMP (this form will not be accepted without this stamp)