

PPS BUSINESS LIFE COVER BENEFIT ACCIDENTAL DEATH BENEFIT DECLARATION BY POLICE

The Professional Provident Society (PPS) Holdings Trust No IT 312/2011 is a registered South African Trust. The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06 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: ppsdeathclaims@pps.co.za

Claim-related enquiries:

E: memberservices@pps.co.za

T: 0860 123 777 or +27 (0)10 085 3820

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

PARTICULARS OF CASE

IMPORTANT

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

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/Passport number (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 ☐

If YES, provide details:

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

If YES, what were the results?

3. Do you suspect foul play? YES ☐ NO ☐

If YES, please complete the questions below and provide details:

(a) Was the deceased assaulted? YES ☐ NO ☐

If YES, please provide details:

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

If YES, please provide details:

(c) What is the suspected cause of death?

(d) Were blood or any other tests performed and referred for toxicology investigation? YES ☐ NO ☐

If YES, please provide comprehensive details of the following:

(i) Nature of test:

(ii) Laboratory performing toxicology:

(iii) Expected date of completion:

(iv) Contact details of the laboratory:

4. Do you suspect that the deceased committed suicide? YES ☐ NO ☐

If YES, please substantiate:

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

If YES, please provide the following:

(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 ☐

If YES, please provide the following:

(a) What was the charge?

(b) Who was charged?

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

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

(e) Name of court:

(f) Date of trial:

(g) Trial number and reference:

7. Details of the police station where the death was reported:

(a) Name of police station:

(b) Case reference number:

(c) Investigating officer:

8. Was a post-mortem done? (If YES, please provide a copy) YES ☐ NO ☐

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

Signed at on this day of 20

Signature of investigating officer:

Name and rank:

Cell phone:

Business tel:

E-mail:

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

DISCLAIMER:

By submitting this form electronically, you acknowledge that your electronic signature holds the same legal weight as a handwritten signature. For authorised electronic signature details, contact your PPS Namibia-accredited financial adviser or e-mail namibiaclaims@pps.co.za. Using unauthorised electronic signatures is at your own risk and PPS Namibia disclaims liability for any related issues.