

Hill on Empire Office Park
2nd Floor Building B
Cnr Empire Rd and Hillside Road
Parktown
2193

Postnet Suite 409, Private Bag X30500, Houghton, 2041

T 0860 64 54 33
E info@life.miway.co.za



Police Report Claim Form

Please complete this form and email it back to us at claims@go.miwaylife.co.za. Or you can call our Servicing Department on 0860 64 54 33.

Strictly confidential

The investigating officer at the police station where the death was reported must complete this form. This form is required to confirm the death claim.

Section A: Particulars of the Deceased

- a. Full first name(s) and Surname: _____
- b. ID Number: _____
- c. Date of Birth: _____
- d. Cause of death: _____
- e. Residential Address: _____

Section B: Investigating Officer's Report

Case number: _____

Date and time of death: _____

Place of death: _____

Magisterial district: _____

- a. Was the deceased involved in a motor vehicle accident? Yes or No _____

Was the deceased a driver, passenger, or pedestrian? Please confirm _____

If the deceased was the driver, was he or she in possession of a valid driver's license? _____

Driver's License code and date issued _____

- b. Was a blood alcohol test done on the deceased? Yes or No _____

If yes, what was the result? _____

- c. Is there a possibility that the deceased committed suicide? Yes or No _____

- d. Was the deceased involved in an assault? Yes or No _____

Was the deceased assaulted during his or her duties? Yes or No _____

Was the deceased an innocent bystander? Yes or No _____

- Did the deceased provoke the incident? Yes or No _____
- e. Was the deceased involved in a shooting accident? Yes or No _____
- If yes, did the deceased take his or her own life intentionally? Yes or No _____
- Did a shooting accident occur? Yes or No _____
- Is anyone being held responsible for the accident? Yes or No _____
- f. Was an autopsy done? Yes or No _____
- If yes, what is the name of the medico-legal laboratory where the autopsy was performed? _____
- _____
- Date the autopsy was performed _____
- Name of the doctor who performed the autopsy _____
- Doctor's telephone number _____
- Cause of death, as determined by the autopsy _____
- g. Has an inquest been held, or will one be held? Yes or No _____
- If yes, what is the name of the Court _____
- Date of inquest _____
- Inquest number and reference _____
- h. Name of the police station where the death was reported _____
- Case reference number _____
- Investigating officer _____
- i. Please provide a short description of the circumstances of the death
- _____
- _____

Signed at _____ date _____ month _____ year _____.

Signature of the investigating officer

Official Stamp

Name of the Investigating Officer: _____ Telephone number (landline) _____

E-mail _____ Mobile (Cellphone) number _____

Rank _____ Force number _____

MiWayLife Disclosures

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MiWayLife cares about the privacy of its clients. To provide the insured with our service, we and our service providers must process the personal information you provide us in line with the applicable data privacy laws. As a result, we will treat this information with caution, and we have put reasonable security measures in place to protect it.