

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 [claims@go.miwaylife.co.za](mailto:claims@go.miwaylife.co.za)

## Police Report Claim Form

Please complete this form and email it back to us at [claims@go.miwaylife.co.za](mailto: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

### POPIA

MiWayLife cares about your privacy. To provide you with our service, we and our service providers must process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.

### FICA

In line with the applicable anti-money laundering laws of South Africa, we are required to obtain specific information and evidence to verify your identity when applying for cover and on an ongoing basis. If we do not receive the requested information within a reasonable time, we may be unable to render our services.