

# Declaration by Police

**Please return Claim Forms to:**

1. **Fax to**  
(011) 351-3003
2. **Post Originals to:**  
Life Claims  
P O Box 87428  
HOUGHTON 2041



**TO BE COMPLETED SOLELY BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE INCIDENT WAS REPORTED. IF FOUND THAT THE INFORMATION SUPPLIED IS INCORRECT, HOLLARD RESERVES THE RIGHT TO INSTITUTE LEGAL ACTION AGAINST THE PERSON/PARTY WHO COMPLETED THIS DOCUMENT**

HOLLARD LIFE ASSURANCE COMPANY on the life of the person mentioned below and will be considered strictly confidential.

## DETAILS OF THE LIFE ASSURED

Policy number .....  
Surname .....  
Full names .....  
Date of Birth .....  
I.D. number .....

## DETAILS OF THE INCIDENT OF THE LIFE ASSURED

Date and time of the incident.. .....  
Place of the incident .....  
Cause of the incident .....  
Magisterial district .....  
Police station where incident was reported .....  
Case number .....  
Date reported .....  
Name of investigating officer .....

1. **Was the life assured involved in a motor accident?** .....
  - (a) Was the life assured a driver, passenger or pedestrian? .....
  - (b) Was a blood alcohol test done on the life assured.....
  - (c) Results of blood alcohol test? .....
2. **Was the life assured involved in an assault?** .....
  - (a) Was the life assured assaulted during the course of his/her duties? .....
  - (b) Was the life assured innocent bystander? .....
3. **Was the life assured at the time of the incident involved in any criminal activity?**.....
  - (a) If yes, kindly describe his/her involvement.....
  - (b) Case number opened against him/her and I/O details.....



4. **Has an inquest been held or will one be held?** .....

(a) Name of court .....

(b) Date of inquest held/to be held .....

(c) Inquest number and reference .....

5. **Did the life assured die as a result of the incident?**.....

(a) Did the life assured die at the scene, if not , kindly provide us with the place of death (hospital admission number where applicable)  
.....

6. **Have/Will criminal proceedings been/be instituted ?** .....

(a) If yes, name of person charged .....

(b) What were / are the charges?.....

(c) If judgement was given, what was the verdict?.....

(d) Which court? .....

(e) Date of trial (DDMMYY)?.....

(f) Trial and reference number.....

(g) Give a short description of the circumstances of the accident/incident.....

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**DECLARATION**

I declare that all the foregoing statements are true and correct.

Date (DDMMYY) .....

Station.....

Telephone number (.....).....

Cell No.....

Name .....

Signature .....

Rank & Force No. ....

Stamp

