

PPS BUSINESS LIFE COVER BENEFIT ACCIDENTAL DEATH BENEFIT DECLARATION BY POLICE

The Professional Provident Society Holdings Trust No IT 312/2011 (PPS Holdings Trust) is a Registered South African Trust.
Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ("PPS Insurance").
PPS Insurance is an Authorised Financial Services Provider - Licence No. 1044.



PARTICULARS OF CASE

IMPORTANT

To be completed by the investigation 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 and surname of deceased (in full):

(b) National ID number:

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(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?

(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 bloods or any other tests performed and referred for toxicology investigation? YES ☐ NO ☐

Please provide comprehensive details in this regard with specific reference to:

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:

D	D	M	M	Y	Y	Y	Y
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(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:

D	D	M	M	Y	Y	Y	Y
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(g) Trial number and reference:

7. Details of police station where death was reported:

(a) Name of police station:

(b) Case reference number:

(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 around the death:

Signed at

Signature of investigating officer:

Name and rank:

Cellular:

Email:

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