Prospercare
benefit solutions

DECLARATION BY POLICE:

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE INCIDENT WAS REPORTED

POLICY DETAILS

This certificate is required to consider a claim under the under-mentioned policy:

Policy no./ Scheme code _____**Membership number** _____

Insured(name in full): _____ **Identity number:** _____

INCIDENT

1. a) Name of the Insured (in full)_____

b) Place of Incident: _____ **c) Magisterial District:** _____

d) Name of police station where the incident was reported: _____

e) Case reference number: _____ **f) Investigation Officer:** _____

g) Any suspicion of suicide? _____

MOTOR ACCIDENT

2. Was the insured involved in a motor vehicle accident? _____

a) Was the insured a driver, passenger or pedestrian? _____ **b) If the driver, were there any passengers in the car?** _____ **c) How many cars were involved?** _____ **d) Registration number(s) and name(s) of driver(s) of car(s) involved:** _____

_____

e) Was a blood-alcohol test done on the insured?_____ **f) Results of blood-alcohol test:** _____

ASSAULT

3. Was the insured involved in assault? _____

a) Was the insured assaulted during the course of his/her duties_____

b) Was the insured an innocent bystander _____

INQUEST

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

a) Name of Court: _____ **b) Inquest Number and reference:** _____

CRIME

5. Have criminal proceedings been, or will criminal proceeding be instituted?

a) What was the charge? _____ **b) Who was charged**_____

c) If judgement has been given, the verdict: _____ **d) Name of Court** _____

e) Trial number and reference: _____

DESCRIPTION

6. If Possible, a brief description of the circumstances of the incident:

_____

_____

_____

_____

OFFICE USE ONLY:

Signed at: _____**Date:** _____

Signature of Investigating officer:_____

Name of investigating officer: _____

Designation: _____

Tel: (_____)_____

OFFICE STAMP