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Facebook: www.facebook.com/LARetirementFund
WhatsApp: **076 073 0997** (from 08h00 to 16h00)
Fund Registration No: 12/8/1278

POLICE REPORT FORM

This form must be completed by the SAPS Investigating Officer. All information will be regarded as confidential and will be used in assessing the Fund's death claim.

CASE DETAILS

Name of the police station where death was reported _____

Case reference number _____

Full name of the investigating officer _____

Investigating officer's rank _____

Telephone number _____

Cell phone number _____

Signature of investigating officer _____

DETAILS OF THE DECEASED

Surname _____ First names _____

Date of birth _____ ID number _____

DETAILS OF THE DEATH

Date of death _____ place of death _____

Indicate the circumstances under which the deceased died (tick the relevant block below

- ☐ Assault
- ☐ Passenger in a motor vehicle accident
- ☐ Driver in a motor vehicle accident
- ☐ Suicide/self-inflicted
- ☐ Murder
- ☐ Unknown – still being investigated

Please provide details:

_____

_____

_____

Confirm the details of the main suspect in a murder enquiry (name and surname) and their relationship to the deceased:

_____

_____

_____

Was a postmortem performed? Yes ☐ No ☐

If YES, please confirm the cause of death and attach a copy of the postmortem results.

AUTHORISATION

Police stamp