



Statement by Police Service official to whom death was reported
Death claims

Please return the completed form to: schemedeathclaims.eb@sanlam.co.za

Telephone number (021) 947 1810

Fax number (021) 947 1288

Postal address Employee Benefits: SGR Death Claims (7408)
PO Box 1, Sanlamhof, 7532

Scheme/Fund name

Particulars of deceased

Name and surname

Date of birth / / (dd/mm/ccyy)

Date of death / / (dd/mm/ccyy) Case reference number

Details of the death

- 1. Was the deceased involved in a motor vehicle/motorcycle accident? Yes No
If "Yes", was the deceased: the driver a passenger a pedestrian
If the driver, did the deceased had a valid driver's licence? Yes No
Was an alcohol test performed? Yes No
What kind of fluid sample was taken? Blood Ophthalmic
What was the result of this test?

Please note: If the person was killed in a motor vehicle accident, the traffic accident report, sketch plan and key to the sketch plan must be attached to the form.

- 2. Was the deceased involved in an assault? Yes No If "Yes", please answer the following:
Did it occur during the performance of his/her duties? Yes No
Was the deceased a spectator? Yes No
Was the deceased the aggressor? Yes No
3. Was the deceased involved in a shooting accident? Yes No
Did the deceased take his/her own life intentionally or did a shooting accident occur?
Is anyone being held responsible for the accident? Yes No
4. Have any person been prosecuted or are they to be prosecuted? Yes No
What was/is the charge?
Full names and surname of person who is to be prosecuted:
Relationship between accused and deceased?
The date of the trial: / / (dd/mm/ccyy)
Number and reference of the trial:
If sentence has been passed, what was the verdict?

