Police Statement

Evolution Life is a division of OPCO 365 (Pty) Ltd, a registered Financial Services Provider (FSP9945) with Reg. No. 2001/004440/07
and underwritten by Old Mutual Alternative Risk Transfer Limited ("OMART") a licensed Life Insurer
P O Box 19610, Tecoma, 5210

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: creditlife@evolution.za.com
SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realclaims@evolution.za.com

evolution life
Evolving cover. For life.

To be completed by the investigating officer at the police station where the death was reported

This certificate is required to substantiate a death claim under a policy issued by OMART on the life of (name of deceased in full) _____

_____ and will be treated in strictest of confidence.

Name of deceased								
ID number								
Date of birth	D	D	M	M	Y	Y	Y	Y
Date of death	D	D	M	M	Y	Y	Y	Y
Time of death								
Place of death								
Magisterial district								

Was the deceased involved in a motor vehicle accident? Yes No

If "yes" was the deceased a Driver Passenger Pedestrian

Was a blood-alcohol test done? Yes No

Was the deceased involved in an assault? Yes No

Was the deceased assaulted during the course of his duties? Yes No

Was the deceased and innocent bystander? Yes No

What is the death register number?

Area

Was a post mortem carried out? Yes No

If so, what were the findings? _____

_____

Is suicide suspected? Yes No

Has or will an inquest be held in this regard? Yes No

Name of court

Date of inquest	D	D	M	M	Y	Y	Y	Y

Inquest number and reference

Have or will criminal proceedings be instituted in this regard? Yes No

Case reference number

PLEASE NOTE: That in the event of any modification or variation of this standard form, OMART through Evolution Life will regard this form as being invalid and of no force & effect.

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If possible, kindly provide a short description of the circumstances of death

What was the charge?

Who was charged?

What sentence if any, has been passed?

Date of trial D D M M Y Y Y Y

Trial number and reference

Name of police station where death was reported

Signed at _____ Date D D M M Y Y Y Y

Investigating officer signature _____

Investigating Officer Name _____ Telephone no _____

Rank _____ Force no _____

Official Stamp

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