

DECLARATION BY POLICE – NAMIBIA



The Professional Provident Society Insurance Company (Namibia) Limited Reg. No 2003/122 is a registered long-term insurance provider regulated by the Namibia Financial Institutions Supervisory Authority. Any reference to PPS in this form means PPS Insurance (Namibia).

PPS Insurance (Namibia) claims:

E: namibiaclaims@pps.co.za

F: +264 (0) 61 411 330

Queries:

T: +264 (0) 61 411 300

E: namibiaclaims@pps.co.za

F: +264 (0) 61 411 330

Monday to Friday 07:30 to 16:30

Estate Late:

National ID number/Passport if no ID:

IMPORTANT

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

1. This certificate is required by PPS Insurance (Namibia) to substantiate a death claim and will be considered strictly confidential. Complete and tick where applicable:

(a) Name of deceased (in full):

(b) National ID number/Passport if no ID:

(c) Date, time and place of death:

(d) Magisterial district:

2. Was the deceased involved in a motor vehicle accident? YES NO

If YES, 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: / /

(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

(d) If judgement has been passed, what was the verdict?

(e) Name of court?

(f) Date of trial: / /

(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 Yes please provide a copy) YES NO

9. If possible, provide a short description of the circumstances of death:

Signed at this day of 20

Signature of investigating officer:

Name and rank:

Cellular: Tel: Business:

E-mail:

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