

Our Ref and Date \_\_\_\_\_

Claim Number \_\_\_\_\_

**The Member-in-Charge****Zimbabwe Republic Police**

Ref Number \_\_\_\_\_ Place \_\_\_\_\_

Day of week \_\_\_\_\_ Date of accident/incident \_\_\_\_\_ Time \_\_\_\_\_

Place of Occurrence \_\_\_\_\_

**Particulars of the insured**

Full name of the deceased \_\_\_\_\_

ID no. \_\_\_\_\_ Occupation \_\_\_\_\_

Cause of death \_\_\_\_\_

Is there any suspicion that the deceased may have committed suicide? Yes/No \_\_\_\_\_

Is there any suspicion that the deceased may have been involved in an act of riot, civil unrest or demonstration when the incident occurred? Yes/No \_\_\_\_\_

Give a short and detailed description of the circumstances of death

---

---

---

---

---

---

**Full name of witness** \_\_\_\_\_ **ID no.** \_\_\_\_\_**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_**Signature** \_\_\_\_\_

1. The case appeal in the Magistrate's Court in \_\_\_\_\_ on the \_\_\_\_\_

**Declaration by police**

I declare that the statements above are true and complete.

2. Full name of Police Officer \_\_\_\_\_ Rank \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Official Police Date and Stamp**