LIBERTY

Liberty Life Namibia Limited
Reg.No. 2003/639
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Statement by Police

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE INCIDENT WAS REPORTED.

THIS CERTIFICATE IS REQUIRED TO SUBSTANTIATE A CLAIM ON

Policy number _____ Issued by **L I B E R T Y L I F E**

on the life of (full name and surname) _____

Date of birth D D - M M - Y Y Y Y and will be treated in strict confidence.

Name of the deceased/Life assured (in full) _____

Identity number _____

Date of incident D D - M M - Y Y Y Y Date of incident _____

Place where incident occurred _____

Magisterial district _____

Was the deceased/Life Assured involved in a motor vehicle accident? ☐ Yes ☐ No

Was the deceased/Life Assured a driver, passenger or pedestrian? ☐ Yes ☐ No

If driver, was he/she in possession of a valid driver's license? ☐ Yes ☐ No

Was a blood-alcohol test done? ☐ Yes ☐ No Results of blood-alcohol test: _____ g per 100ml

Was the deceased/Life Assured involved in an assault? ☐ Yes ☐ No

Was the deceased/ Life Assured assaulted during the course of his duties? ☐ Yes ☐ No

Was the deceased/Life Assured an innocent bystander? ☐ Yes ☐ No

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

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 the incident was reported _____

Case reference number _____

Investigating officer _____

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

Signed at , _____ this , _____ day of , _____ 20, _____

Name of investigating officer

Telephone number

Rank

Signature of investigating officer

Date D D - M M - Y Y Y Y

OFFICIAL STAMP