

NB: PLEASE COMPLETE THIS FORM IF DEATH IS DUE TO UNNATURAL CAUSES



Agri and Affiliated Sectors Provident Fund

Website: www.aspf.co.za
Principal Officer & Information Officer: Mr Lourie Bosman
Email address: agrisectorfund@verso.co.za

Statement by Police

Employer Name/Pay Centre code:

Member name and surname:

Member reference:

To be completed by the investigating officer at the specific police station where the incident was reported.

1. Date, time and place of incident:	Y	Y	Y	Y	M	M	D	D
2. Date, time and place of death:								
3. Magisterial district								
4. Is there a suspicion that the deceased may have committed suicide?							Yes	No
5. If 'yes', was a suicide note left?							Yes	No
6. Was the insured life involved in a motor vehicle accident?							Yes	No
7. Was the insured life	The driver		A passenger		A pedestrian			
8. If the driver, was he/she in possession of a valid driver's license?							Yes	No
9. Was a blood alcohol test done?							Yes	No
10. What were the results of the blood alcohol test?							g/100ml	
11. Was the insured life involved in an assault?							Yes	No
12. Was the insured life assaulted during the performance of his/her duties?							Yes	No
13. Was the insured life an innocent spectator?							Yes	No
14. Was or will a court proceeding be held in this regard?							Yes	No
15. Name of court								
16. Reference number of court/inquest proceedings								
17. Was or will criminal proceedings be instituted in this regard?							Yes	No
18. What is the charge?								
19. Verdict, if known								
20. Name of police station where death/accident was reported								
21. Case reference number								
If possible, please give a short description of the circumstances of the death/accident								
Signature of Commissioner of Oaths/Justice of Peace								
Name of Investigating Officer								
Rank/Number								
Contact number: Cell			Work:			Code ()		