

# Declaration by police



**METROPOLITAN**

Together we can

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

POLICY DETAILS

This certificate, is required to consider a claim under the under-mentioned policy/certificate issued by Metropolitan

Policy no./Scheme code

Membership number

Insured (name in full)

ID. number

INCIDENT

1. a) Name of the insured (in full):

b) Place of incident:

Date:

Time:

(dd/mm/yyyy)

c) Magisterial district:

d) Name of police station where the incident was reported:

e) Case reference number:

f) Investigating officer:

g) Is there any suspicion that the deceased may have committed suicide?

MOTOR ACCIDENT

2. Was the insured involved in a motor vehicle accident?

a) Was the insured a driver, passenger or pedestrian?

b) If the driver, were there any passengers in the car?

c) How many cars were involved?

d) Registration number(s) and name(s) of driver(s) of car(s) involved:

e) Was a blood-alcohol test done on the insured?

f) Results of blood-alcohol test:

g) Does the insured have a driver's licence? (If 'Yes', attach a certified copy of driver's licence)

Yes

No

ASSAULT

3. Was the insured involved in an assault?

a) Was the insured assaulted during the course of his/her duties?

b) Was the insured an innocent bystander?



INQUEST

4. Has an inquest been, or will one be held?

a) Name of court:  b) Date of inquest:  (dd/mm/yyyy)

c) Inquest number and reference:

CRIME

5. Have criminal proceedings been, or will criminal proceedings be instituted?

a) What was the charge?

b) Who was charged?

c) If judgement has been given, the verdict:

d) Name of court:  e) Date of trial:  (dd/mm/yyyy)

f) Trial number and reference

DESCRIPTION

6. If possible, a short description of the circumstances of the incident:

OFFICIAL USE

Dated at:  Date:  (dd/mm/yyyy)

Signature of investigating officer:

Name:

Designation:

Tel:

Cell:

E-mail:

Postal address:

Postal Code

