



TRIARC

(PTY) LTD 2012/011172/07 FSP 45009 - ORG 4040

proud2b@triarc.co.za • www.triarc.co.za
Phone: 087 231 0222 • Fax: 086 235 5238
PO Box 569, Milnerton, Cape Town, 7441

Silverwood Block B, Silverwood Close,
Steenberg Office Park, Tokai, 7945

UNNATURAL DEATH CLAIM

Please return the completed form to
email: claims@triarc.co.za | fax: 086 235 5238

Please complete form in block letters.

Policy Number

Section 1 - Particulars of deceased

Name and surname

Date of birth - - Date of death - -

Case reference number

Section 2 - Details of the death

1. Was the deceased involved in a motor vehicle/motorcycle accident? Yes No

- If yes, was the deceased The driver a passenger a pedestrian

- If the driver, did the deceased own a valid drivers licence? Yes No

- Was an alcohol test performed? Yes No

- What type of fluid sample was taken? Blood Ophthalmic

- What was the result of this test?

Please note: If the person was killed in a motor vehicle/motorcycle accident, please attach the traffic accident report, sketch plan and key to the sketch plan to the form.

2. Was the deceased involved in an assault? Yes No If yes please answer the following.

- Did it occur during the performance of his/her duties? Yes No

- Was the deceased a bystander? Yes No

- Was the deceased the aggressor? Yes No

3. Was the deceased involved in a shooting accident? Yes No

- Did the deceased take his/her own life intentionally, or did a shooting accident occur?

- Is anybody being held responsible for the accident? Yes No

4. Has any person been prosecuted, or are they to be prosecuted? Yes No

- What will the charge be?

- Full names and surname of person who was/is to be prosecuted.

Directors: A Dique • M J Truter • G J Neppen

TRIARC is an authorised financial services provider FSP45009.
TRIARC insurance products underwritten by Guardrisk Life FSP76.
Council of Medical Scheme Number ORG 4040.

- Relationship between accused and deceased?
- Date of the trial - -
- Number and reference of the trial
- If sentence has been passed, what was the verdict?

5. Has an inquest been held, or must one still take place? Yes No

(If already held, please attach the submitted statements and plans to this form).

Date of Inquest? - -

Number and reference of inquest

6. Give a brief description of the circumstances that resulted in the death.

Please note: Attach autopsy report.

Section 3 - Particulars of investigating officer

Name and Surname

Signature

Telephone number -

Fax number -

Cellphone -

Official stamp of police service (compulsory)

Signed at (Place)

Date - -