

Declaration by Police Form

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To be completed by the Investigating Officer at the police station where the accident was reported.

Details of the Deceased																						
Surname																		Title				
First Name/s																						
ID/Passport No													Date o	of Birt	h	Y	Y	Y	Μ	М	D	D

Details of the Claim

Date and time of accident	
Place of accident	
Cause of accident	
Magisterial district	
Police station where accident was reported	
Case number	
Date reported	
Name of investigating officer	

Details of the event giving rise to the Claim

a.	Was the deceased involved in a motor car accident?	Yes	No
b.	Was the deceased involved in an accident while performing their duties as an employee?	Yes	No
C.	Did the accident occur at the deceased place of residence or while on holiday or while visiting friends?	Yes	No
d.	Did the accident occur while shopping or visiting places of entertainment or other public places for personal and private purposes?	Yes	No
e.	Was the deceased involved in an assault or murder?	Yes	No
f.	Did the deceased die due to medical negligence?	Yes	No

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If the details of how the death occurred were not listed on the previous page, please give a brief description here:

Declaration by Investigating Officer

I declare that all the foregoing statements are true and correct.

Date	Y	Υ	Υ	Υ	M	M	I	DI	\supset								
Station																	
Tel no																	
Cell no																	
Name																	
Investigating Officer's Signature																	
Rank																	
Rank/Force No																	

POLICE STAMP			

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