

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

Details of the Deceased

Surname	<input type="text"/>	Title	<input type="text"/>
First Name/s	<input type="text"/>		
ID/Passport No	<input type="text"/>	Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D

Details of the Claim

Date and time of accident	<input type="text"/>
Place of accident	<input type="text"/>
Cause of accident	<input type="text"/>
Magisterial district	<input type="text"/>
Police station where accident was reported	<input type="text"/>
Case number	<input type="text"/>
Date reported	<input type="text"/>
Name of investigating officer	<input type="text"/>

Details of the event giving rise to the Claim

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

[illegible]

Declaration by Investigating Officer

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

[illegible]