



NJMPF

KwaZulu-Natal Joint Municipal
Pension/Provident Funds

DEATH BENEFIT CLAIM FORM 7

POLICE REPORT FOR UNNATURAL DEATHS

For reference purposes:

Name and Surname of the Deceased (as per the ID Book):	
ID Number of Passport Number of the Deceased:	

The Claim Form 6 provides us with information about the Unnatural Cause of Death of the Deceased. It only needs to be completed if the Deceased dies as a result of Unnatural Causes (e.g. an accident, murder or suicide). It needs to be completed by the investigating officer at the police station where the Deceased's death was reported.

Please return these forms to the NJMPF Death Benefit Services Department. PO Box 33, Westville, 3630.

A : INVESTIGATING OFFICER'S REPORT

1. Date and details of death:

A. Date of death	
B. Place of death	
C. Who identified the deceased?	
D. What is the person's relationship to the deceased?	
E. Was the death due to an accident? Y/N	
F. If the death was not due to an accident, what was the cause of death?	

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2. Name of the police station where the death was reported.

A. Case reference number	
B. Investigating Officer	

3. Have criminal proceedings been or will criminal proceedings be instituted? Y / N

A. What was the charge?	
B. Who was charged?	
C. If judgement has been given, what was the verdict?	
D. Is there any suspicion or probability of family involvement in the death of the deceased?	

4. Please give a short description of the circumstances surrounding the death:

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B : RELATIONSHIP TO THE DECEASED

Name of the investigating officer		Rank	
Signed at (place)		Date signed	
Telephone		Cell phone number	
Signature of investigating officer		Official stamp	

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