

Liberty Life Uganda (Pty) Limited

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Statement by Police

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE INCIDENT WAS REPORTED.

THIS CERTIFICATE IS REQUIRED TO SUBSTANTIATE A CLAIM ON																												
Policy number															Issued	d by	L	I	В	Е	R	Т	Υ		L	I	F	Ε
on the life of (full name and surname)																												
Date of birth	D D - M M - Y Y						Υ	Υ	Y and will be treated in strict confidence.																			
Name of the deceased/Life assured (in full)																												
Identity number																												
Date of incident	D	D	_	М	М	_	Υ	Υ	Υ	Υ	Da	ate o	f incid	ent														
Place where incident occured																												
Magisterial district																												
Was the deceased/Life Assured involved in a motor vehicle accident?								Yes		No	No																	
Was the deceased/Life Assured a driver, passenger or pedestrian?							Yes		No	No																		
If driver, was he/she in possession of a valid driver's license?								Yes		No	No																	
Was a blood-alcohol test done?								Yes		No	No Results of blood-alcohol test: g per 100ml																	
Was the deceased/Life Assured involved in an assault?								Yes		No	No																	
Was the deceased/ Life Assured assaulted during the course of his duties?								Yes		No	No																	
Was the deceased/Life Assured an innocent bystander?								Yes		No	No																	
Was a post mortem carried out?								Yes		No	No																	
If so what were the findings?																												
Is suicide suspected?								Yes		No	No																	
Has or will an inquest be held in this regard?								Yes		No	No																	
Name of court:																ate o	of Inq	uest	D	D	_	М	М	_	Υ	Υ	Υ	Υ
Inquest number and reference?																												
Have or will criminal proceedings be instituted in this regard?							Yes		No																			
What was the charge?																												
Who was charged?																												
What sentence if any, has been passed?																Da	ate of	trial	D	D	_	М	М	_	Υ	Υ	Υ	Υ
Trial number and reference?																												
Name of police station where the incident was reported																												
Case reference number																												
Investigating officer												T																

If possible, kindly provide a short descript	tion of the circumstances.					
Signed at ,		this ,	day of ,			20,
Name of investigating officer						
Telephone number			Rank			
Signature of investigating officer				Date	D - M M	- Y Y Y Y
					OFFICIAL STAMP	

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