

Hampshire Police Federation

Group Insurance Scheme

Personal Accident claim form



Please complete this form (your partner or another responsible person may complete it on your behalf if you are unable to do so yourself) and return it to this office:

Hampshire Police Federation, Federation House, 440 The Grange, Romsey Road, Michelmersh, Romsey SO51 0AE

You may use the reverse of this form for any additional information you wish to provide.

Note: Cover is for Accidents only: 'Accident' shall mean a sudden, unexpected, unusual event which occurs at an identifiable time and place. Benefit is not payable if your injury results from normal bodily movement, sickness, disease or any gradually operating or degenerative condition.

PLEASE COMPLETE IN BLOCK CAPITALS

Title..... First Name..... Surname.....

Date of birth..... Collar no.....

Home address.....

.....Postcode.....

Telephone no.....Email.....

Date and place of accident.....

Approx. time.....

Please provide a full description of your accident, stating clearly how your injuries were sustained:

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(You may continue on an attached page if necessary)

Give details of injuries sustained.....

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.....

Were you admitted to hospital overnight? Yes/No (delete as applicable)

Please note: If you are admitted to hospital as a result of your accident you may be entitled to receive hospital benefit (max 7 nights). In these circumstances a hospital benefit claim form should also be completed.

I certify that I am a subscribing member of the scheme and to the best of my knowledge the above statements are true and without reservation.

I confirm that as a result of my accident on.....(date in full)

I was absent from duty from.....(date in full)

I returned to full / restricted duty on.....(date in full)

Signature.....Date.....

Please note that the Federation office may pass information held by the Force to the brokers but only that which is necessary in connection with your claim and membership of the scheme.

To be completed by the Federation office:

The above named person is a member of the scheme and the dates given are correct.

Signed..... For the Federation JBB

Your personal accident benefit payment(s) can be made to you by cheque or direct to your bank account.

To enable benefit payments to be made direct to your nominated bank account please complete the following:

Bank name and address _____

Branch sort code: _____ / _____ / _____

Account name: _____

Account number: _____

For office use only:

Name:

Claim number:

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