

DEFENCE POLICE FEDERATION
PERSONAL ACCIDENT SCHEME



NOTICE OF ACCIDENT CLAIM IMPORTANT - PLEASE NOTE THE FOLLOWING: -

1. To comply with the Policy Conditions, all accidents that could lead to a claim must be intimated as soon as possible. Please note for Special Constables the injury sustained must be the result of an on-duty incident.
2. When completing this form, if possible, you should insert both the starting and finishing date of your claim in Section A. If you are still injured, complete and return Section A where appropriate - Section B should be completed and returned when you resume your duties.
3. If disability exceeds 28 days from date of injury Medical Certificates will be required covering the entire period of absence. The claimant to meet any expense incurred.

SECTION B

On completion of Section A on page 3, retain this portion if you are still unable to resume your duties.

Name of Serving Member: _____

Date of Birth: _____ / _____ / _____

Division: _____ Rank: _____ No: _____

Address: _____

_____ Postcode: _____

Email Address: _____ Tel No: _____

I refer to claim previously intimated and wish to advise you of my final return to full/ part time duties

on (date): - _____ / _____ / _____

Signed: _____ Date: _____

BANK DETAILS

When your claim has been approved we will make the payment to you directly to your Bank Account by BACS transfer.

Please complete the following: -

Name and address of your Bank:

Branch Sort Code: ____ / ____ / ____

Account Number: _____

Account Name(s): _____

DATA PROTECTION NOTICE

Philip Williams (G Ins) Management Ltd collects and uses your data in accordance with current data protection law (which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679)) ("data protection law"). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams (G Ins) Management Ltd using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at <https://www.philipwilliams.co.uk>

Privacy Notice

Please Note: Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk
A hard copy can be provided upon request.

SECTION A (NOTE: COVER IS FOR SERVING MEMBERS FOR ACCIDENTS ONLY)

CLAIM FORM - Complete this section and retain Section B

Name of serving member: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____ / _____ / _____

Email Address: _____ Tel No: _____

Date and place of accident: _____

I have been absent from duty for the following period: _____ days

If absence is over 28 days copy of medical certificate for full absence period is required

Date absence commenced: ____/____/____ Last date of absence: ____/____/____

Date returned to work: ____/____/____

Exact nature of injuries: _____

Exact nature of accident which caused these injuries: (It is necessary to show the injuries resulted from an unexpected and unusual event)

On Duty* / Off Duty* (*delete as appropriate)

Have you sustained injuries of this nature previously? Yes / No

If yes, please give details: _____

Signed: _____ Date: _____

<p>FOR OFFICE USE ONLY</p> <p>To be completed by the Trustees of the Federation Insurance Scheme.</p> <p>I certify that the beneficiary is a subscribing member of the scheme and is entitled to cover provided under it.</p> <p>Signed: _____ Position: _____</p> <p>Date: _____</p>
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