## Defence Police Federation

### Group Insurance Scheme – Emergency Dental Treatment Claim Form

**(Please complete and return to: admin1@dpf.org.uk)**

Cover is provided for treatment which becomes necessary as a result of a dental injury or emergency anywhere in the world. The benefit for Accidental Dental Injury is only in respect of treatments commencing within 183 days of the date of the Accident. The benefit for Accidental Dental Injury will not be payable for treatments received after 2 years from the date of the Accident.

### Member Details

| | | | |
|---|---|---|---|
| Surname: | | Forename: | |
| Address: | | | |
| | | | |
| Collar Number: | | Telephone Number: | |
| Email Address: | | Date of Birth: | |

### Incident Details

| |
|---|
| Place where accident occurred: |
| Date and time of accident: |
| Please give a description of your accident, dental injuries and how your injuries were sustained: |
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| |
| Please give details of the injuries sustained: |
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| |
| |
| Did you require a dentist call out/emergency treatments/temporary treatments following the accident? |
| ☐ Yes ☐ No |
| Please give details of all treatments received to date: |
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| |

### Dentist Details

| | |
|---|---|
| Name of Dentist / Dental Practice: | |
| | |
| | |
| Address: | |
| | |
| | |
| Contact Telephone Number: | |

## Claim Details

| | |
|---|---|
| Treatment(s) Received: | |
| | |
| | |
| | |
| Total Costs Associated: | |
| Total Claimed (up to £500) | |

**Please attach all receipts and quote details to the claim form, alongside any medical / dental reports.**

**I certify that I am a serving member subscribing to the scheme and to the best of my knowledge the above statements are true and correct.**

| | | | |
|---|---|---|---|
| Signature: | | Date: | |

## Bank Details

Please complete the following section to enable benefit payments to be made direct to your nominated bank account.

| | |
|---|---|
| Bank Name and Address: | |
| | |
| | |
| Sort Code: | |
| Account Number: | |
| Name on Account: | |

Please submit this form, along with any receipts and further information to the Defence Police Federation, who will then submit to Gallagher on your behalf.

**This claim form must be submitted by the Federation office. By submitting this claim via email to Gallagher we hereby confirm that the claimant was a member of our Group Scheme at the date of the incident and is therefore an eligible claimant.**

**Please note – Gallagher operates under a delegated authority granted by the insurer. This delegated authority pertains to the handling of certain claims on behalf of the insurers.**

### Data Privacy Notice

How do we maintain your privacy? We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies. We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes. Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at https://www.ajg.com/uk/privacy-policy/. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes. If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.

Arthur J. Gallagher Insurance Brokers Limited is authorised and regulated by the Financial Conduct Authority. Registered Office: Spectrum Building, 55 Blythswood Street, Glasgow G2 7AT. Registered in Scotland. Company Number: SC108909
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