AVON & SOMERSET CONSTABULARY

RAC MOTOR BREAKDOWN ASSISTANCE

REGISTRATION FORM

Cover is provided for members of the Avon and Somerset Police Federation Group insurance scheme and includes their resident partners. It applies in the event of the mechanical breakdown of a private vehicle in which you are a driver or a passenger.

Mr/Mrs/Miss/Ms Surname	First Names
Address	
	Postcode
Tel. No	E-mail address
Date of Birth	Date of Joining
Pay Number	Collar No
Name of Partner	Date of Birth
	o include other family members who normally reside with additional premium. You can arrange this cover by 1403 327719.
IMPORTANT	
I certify that I am a member of the A are deducted from my salary. I under law and insurance scheme, or if my contributed that any information about those instructions), will be processed by the compliance with the Data Protection administering scheme membership third parties as regards scheme membership	avon and Somerset Group Insurance scheme and that premiums erstand that if I am not a member of the Avon and Somerset Group Itions stop for any reason, no RAC cover is provided. I understand sured, which may include sensitive data (medical history, criminal ne insurer and/or claims adjuster and/or George Burrows in Act 1998, and only for the purposes of providing insurance cover, and handling any claims which will necessitate providing data to mbership.
Signed	Date
When completed places retu	rn to:

When completed, please return to:

Avon & SomersetPolice Federation Office

1 St David's Court, Windmill Road

Kenn, Clevedon BS21 6UP

Or via email: info.avonsom@polfed.org