



## Claim Form – Police Federation Legal Expenses

**Please note that the Insurers will not pay for fees, expenses, or costs incurred by you before they have agreed to accept the claim.**

### Section 1 – Personal Information

|  |  |
|--|--|
| Name of Federation: _____  | Collar or Registered Number: _____                 |
| Name of Federation Member: _____   | Date of Birth of Federation Member: ____/____/____ |
| Name of Insurance Intermediary who provided the Policy: _____  |  |
| Name of Person Claiming: _____   | Date of Birth of Person Claiming: ____/____/____   |
| Occupation/Business of Person Claiming: _____  |  |
| Address: _____   |  |
| _____  |  |
| _____  |  |
| Postcode: _____  |  |
| Contact Telephone Numbers - Landline: _____  | Mobile: _____                                      |
| Personal Email Address: _____  |  |
| How do you prefer to be contacted? _____   |  |
| Relationship to Federation Member: _____   |  |
| Do you have any other insurance policies which may cover this claim - e.g. household or motor legal expenses insurance?    Yes          No |  |

### Section 2 – Initial Details

Please describe fully with dates, the disputes/incident and sequence of events (please continue on separate paper): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a sum of money is in dispute, what is the sum involved? £ \_\_\_\_\_

Name of the person(s)/company who is acting against you in the dispute/incident: \_\_\_\_\_

Address of the person(s)/company who is acting against you in the dispute/incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

## Section 3 – Personal Loss

How were you first aware of the incident giving rise to the claim? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ When were you first aware of the incident giving rise to the claim? \_\_\_\_/\_\_\_\_/\_\_\_\_

Date you reported the details to the Claims Helpline: \_\_\_\_/\_\_\_\_/\_\_\_\_ How were you first aware of possible legal action? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ When were you first aware of possible legal action? \_\_\_\_/\_\_\_\_/\_\_\_\_

What outcome do you hope to achieve in this matter? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you seen a solicitor in relation to this matter? Yes No If yes, please provide the name of the firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date solicitor was contacted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Summary of action taken to date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Section 4 – Documentation

Please see the attached Checklist relating to the documents that we require you to submit with this Claim Form. Please note that this is not exhaustive and you should attach all correspondence and documents in your possession relating to this claim.

This Claim Form, the Checklist, and accompanying documentation should be sent to:

**Claims Department, Legal Insurance Management Ltd, 1 Hagley Court North, The Waterfront, Brierley Hill, West Midlands DY5 1XF**

Or emailed to:

**claims@legalim.co.uk**

## Declaration

It is your legal duty to tell us now about any material facts which might influence us in the acceptance or assessment of your claim. If you are in any doubt as to what constitutes a material fact you must tell us in writing immediately. If you fail to comply your claim may be invalidated.

I/We declare that no material fact has been suppressed, misrepresented, or misstated, and that the above statements have been read over, checked, and found to be correct.

I was/We were not aware at the date of inception or renewal of the policy that this claim, the details of which are set out on this form, could arise.

Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_