POLICE FEDERATION
DENTAL INJURY CLAIM FORM

Serving Member	
Retired Member	
Partner of Serving Member	
Partner of Retired Member	

To be completed by the Member for whom the benefit is being claimed and returned to **YOUR FEDERATION OFFICE.** The issue of this form is in no way an admission to liability.

Policyholder / Patient details

Full Name: _____

Date of Birth: _____

Home Address: _____

_____

_____Postcode: _____

Email Address: _____

Telephone Number: _____

Name of Police Federation: _____

Division: _____

Rank: _____ Number: _____

Name of Patient (if different from policyholder)**:**_____

Date of Birth: _____

Dental injury / emergency

Please indicate whether you are claiming for a dental injury or emergency dental treatment ("Claim") as defined below:-

☐ **Dental Injury** – an injury to the teeth or supporting structures (including damage to dentures whilst being worn) which is directly caused suddenly and unexpectedly by means of a direct external impact.

Was this as a result of a contact sport? **Yes** / **No**

If yes, were you wearing a mouth guard? **Yes** / **No**

☐ **Emergency Dental Treatment** – temporary dental treatment provided at the initial emergency appointment required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to your general health. For the avoidance of doubt any subsequent treatment required after the initial emergency appointment is specifically excluded.

Please provide full details of the injury/emergency and the treatment completed you are claiming for

Date of injury/emergency: _____/_____/_____ **Amount Paid:** _____

Routine / Restorative treatment details

(Please continue on a separate sheet if needed and attach itemised receipts confirming payment)

Please list all treatment that is being claimed for	NHS	Private	Abroad	Treatment Date	Amount £

Other treatment details (Further details will be required and we will contact you as soon as possible)

Hospital Cash Benefit Date of admission _____/_____/_____ Date of discharge _____/_____/_____

Mouth Cancer cover Date of diagnosis _____/_____/_____ Date of treatment _____/_____/_____

Call out fees Time of call out ____ :____ AM / PM Date of call out _____/_____/_____

Treating Dentist details

Name of Dentist: _____

Name of Practice: _____

Address of Practice: _____

_____

_____

_____ Postcode: _____

Practice Telephone Number: _____

Dentist GDC No: _____

Claiming Checklist

In order for your claim to go through successfully please ensure that: -

- You have fully completed all sections of this claim form
- The **patient** has signed the declaration
- You have used one claim form per person
- You have attached fully itemised receipt(s) showing proof of payment and a breakdown of the treatment
- If the patient has received NHS dental treatment or dental emergency treatment, please make sure this is clearly stated on this claim form and your itemised receipt

Declaration

I, the **patient**, confirm that I have read and understood: -

(a) the data protection statement below detailing how my Records and/or Report (as both terms are defined below) will be used; and
(b) the access to medical reports statement below detailing my rights under the Access to Medical Reports Act 1988 in respect of the Report.

I confirm, subject to the following sections of this Declaration, my consent to Royal & Sun Alliance Insurance plc, being the underwriter to whom the Claim is submitted (the "**Underwriter**") seeking access to my medical records ("**Records**") and/or a medical report ("**Report**") for the Purpose (as defined below) from any medical practitioner who has treated me or who has access to records relating to my physical and mental health, to the extent that such Records and/or Report is necessary and relevant in the opinion of the Underwriter's Medical Doctor (Consultant) to my Claim.

I understand that if I do not consent to the release of the Records and/or Report to the Underwriter that the Underwriter will be unable to process my Claim.

I do / **do not*** wish to see any Report prior to its release to the Underwriter.

I understand and consent to the use of this my Records and/or Report and information provided on this Claim Form, for the purposes of underwriting, administration, Claim management, rehabilitation and customer concern handling ("**Purpose**"). In order to do this, my Records and/or Report and information provided on this Claim Form may be shared with the Underwriter, the Insurance Broker (as defined below) and other third parties listed in the data protection statement below.

I further declare that the information given on this Claim Form is true and complete to the best of my knowledge.

***Delete as applicable**

Signed: _____ Date: _____

TO BE COMPLETED BY A TRUSTEE OF THE SCHEME:

I certify that the claimant is a member of the Scheme and that the claim details are correct.

Date of Joining Scheme:- _____/_____/_____

Signed: _____ Date: _____

Name: _____

Data Protection Act 1998

Philip Williams Insurance Management ("Insurance Broker"), confirm that both it and the Underwriter to whom the Claim is submitted are regulated and authorised by the Financial Services Authority and are registered under the Data Protection Act 1998.
Any Records and Reports or other information provided on this Claim Form will only be used for the Purpose and may be stored electronically and on paper files. Information will only be disclosed by the Underwriter to those third parties listed below where it is necessary to do so in relation to the Purpose or for regulatory purposes:

i. Outside consultants and agents, only as may prove necessary in developing, providing or maintaining the services of the Underwriter.
ii. The Regulators (mainly the Financial Services Authority who have legal authority to check all of our records), or governmental agencies with the legal rights to demand disclosure.
iii. Counselling and support service providers who you are willing to use and have been approved by the Underwriter

Access to Medical Reports Act 1988

Under the Access to Medical Reports Act 1988 (the "Act") you as the patient, have the right to access any medical report relating to you which is to be supplied by your medical practitioner for insurance purposes.

For the purposes of the Act, the provision of this Claim Form and any other correspondence to you constitutes the Underwriter's proposal to make an application to your medical practitioner to provide the Underwriter with a Report for the Purpose.

The Underwriter shall not apply to your medical practitioner unless you have confirmed your consent in the Declaration section of this Claim Form.

You may request access to the Report before it is supplied by your medical practitioner to the Underwriter by indicating this in the Declaration section of this Claim Form.

If you do request access to the Report before it is supplied by your medical practitioner to the Underwriter your medical practitioner will not supply the Report to the Underwriter unless either:
(i) he/she has given you access to the Report and you have further consented to the Report being supplied. You have the right to request in writing to the medical practitioner the amendment of any part of the Report which you consider to be incorrect or misleading (in which case the medical practitioner may at his/her discretion amend the Report accordingly or, if requested by you, attach to the Report a statement of your views in respect of the Report); or
(ii) you have not contacted your medical practitioner to make arrangements with regard to accessing the Report within the period of **21 days** from the date of the application by the Underwriter to your medical practitioner as notified to you by the Underwriter.

Returning Claim Form

Claim Forms are to be returned to: -

Philip Williams Insurance Management,
35 Walton Road,
Stockton Heath,
Warrington,
WA4 6NW.

The scheme is administered by Philip Williams & Co and underwritten by
Royal & Sun Alliance Insurance plc (No. 93792).
Registered in England and Wales at St Mark's Court,
Chart Way, Horsham, West Sussex RH12 1XL.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority
March 2014