

Group Insurance Scheme

Accident / Illness - Hospital Benefit claim form

This form should be submitted if you are detained in hospital overnight as a result of an accident or illness. You can claim this benefit for a maximum of 7 nights (per accident / illness). Please complete in BLOCK CAPITALS and return to: Hampshire Police Federation, 1490 Parkway, Solent Business Park, Whiteley, Hampshire PO15 7AF.

Name Date of Birth.....

Home address.....

.....Postcode.....

Email address..... Telephone No.....

Force / employee number.....

Place where accident occurred.....

Date and approximate time of accident

Please give a brief description of your accident, stating clearly how your injuries were sustained.
(It is not necessary to complete this section if you have already completed a personal accident claim form in respect of your accident)

If admitted to hospital due to illness please give details of your illness and the purpose of your admission.

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(You may use additional paper if there is insufficient space on this form)

Please give details of your injuries

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If hospital admission did not immediately follow your accident, please state purpose of admission.....

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Name and address of hospital admitted to.....

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Date and time of admission.....

Date and time of discharge.....

A copy of the hospital discharge sheet should be returned with this form in support of your claim.

I, the undersigned, hereby declare that I am a subscribing member of the above scheme and to the best of my knowledge the above statements are true and without reservation.

Signature of insured Date

Please complete the section overleaf to enable benefit payments to be made direct to your account.

This claim form must be submitted by the Federation office.

By submitting this claim via email to George Burrows, 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.

Hampshire Police Federation Hospital Benefit Claim Form (continued...)

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

Bank name and address _____

Branch sort code: _____ / _____ / _____

Account name: _____

Account number: _____

Signed..... Signed..... Date.....

(Authorising the payment of benefits direct to the above account)

George Burrows are acting on behalf of insurers, which enables us to handle certain claims on their behalf.

DATA PRIVACY NOTICE

George Burrows is a trading name of Arthur J. Gallagher Insurance Brokers Limited (Gallagher).

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/brokerage-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.



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