## Norfolk Police Federation Spouse/Partner Personal Accident claim form

Please complete this form in **block capitals** (your partner or another responsible person may complete it on your behalf if you are unable to do so yourself) and return it to this office:

Norfolk Police Federation, Vox House, 43 Thorpe Road, Norwich NR1 1ES

Note: Cover is for Accidents only: 'Accident' means a sudden, violent, external, unforeseen and identifiable event. Benefit is not payable if your injury results from normal bodily movement, sickness, disease or any gradually operating or degenerative condition.

To be completed by the serving officer:	
Title First Name	
Date of birth	Force no
Home address	
Talasta a sa	
Telephone no	
Full name of Spouse/Partner	Age
Date of joining scheme :(O	micer)(Partner)
To be completed by the claimant (spouse/partn Date and place of accident	•
Please provide a full description of your accident, s sustained	
	(Continue overleaf if necessary)
Give details of injuries sustained	
·	
State disablement being claimed for	
Please note: disablement must be permanent a Name and address of treating doctor/consultant	
To enable your claim to be considered this form from your treating practitioner giving details of you	
I, the undersigned, hereby declare that I am a subsobest of my knowledge the above statements are tru	
Signature	Date
Please complete the section overleaf to account.	enable payment direct to your bank
Signed F	or the JBB Secretary
Confirming membership of the scheme	

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## Norfolk Police Federation Spouse/Partner Personal Accident 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:			

## **DATA PRIVACY NOTICE**

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