

# Kent Police Benevolent Fund

## THE POLICE REHABILITATION CENTRE EXPENSES – PATIENT'S CLAIM FORM

Patient's name:

Rank and number:

Stationed at:

Home address (Include Postcode):

Telephone.

Preferred email address.

Date of stay at the Centre: From.

To.

Medical condition:

### COMPLETE THIS SECTION IF YOU TRAVELLED BY CAR:

The distance from my home to the Rehabilitation Centre ( Postcode RG8 0LL) is miles.

### COMPLETE THIS SECTION IF YOU DID NOT DRIVE YOURSELF:

The Benevolent Fund will under normal circumstances pay for one return trip per visit. We may however pay a mileage allowance for two return trips if, because of your medical condition, you were not able to physically drive yourself and you were not physically able to travel by rail. If you wish to apply for this additional allowance, please complete the following:

Were you **physically UNABLE** to drive a motor car at the time ? Yes / No

and

Were you **physically UNABLE** to travel to the Home by rail ? Yes / No

Driver's name and address (include Force Number if a police officer)

The above-named made two return journeys Yes / No The above-named used a private vehicle Yes / No

### COMPLETE THIS SECTION IF YOU TRAVELLED BY RAIL:

The cost of a second class return rail fare from the station nearest my home to the Rehabilitation Centre is:

PLEASE GIVE ANY FURTHER DETAILS IF YOUR TRAVEL ARRANGEMENTS ARE NOT COVERED BY ANY OF THE ABOVE OPTIONS:

TO ENABLE YOUR EXPENSES TO BE PAID ELECTRONICALLY PLEASE PROVIDE DETAILS OF YOUR BANK SORT CODE AND ACCOUNT.

SORT CODE:

ACCOUNT NUMBER:

SIGNED:

DATE

### FOR FUND USE ONLY:

..... miles @ 45p per mile . £ .....

Claims must be submitted ASAP or at the latest within 3 months of your visit to Flint House. Claims submitted beyond will only be paid in exceptional circumstances.