

**KENT POLICE FEDERATION - LEGAL COSTS INSURANCE CLAIM FORM**

**FOR MOTOR PROSECUTION, CRIMINAL DEFENCE & INTERNAL DISCIPLINARY ONLY**

**To enable this claim to be dealt with as quickly as possible, please complete this form and return it in to Arc Legal Assistance to** **polfed@arclegal.co.uk**, fax: 01206 233 041 or mail: to PO Box 8921, Colchester, CO4 5YD

**Note:**

1. If you require any assistance in completing the form, please call the Claims Department on **0344 770 9000.**
2. You must not delay in returning the form as there are often strict time limits that apply, and any delay could prejudice the position
3. Until the claim is accepted there is no cover for any legal fees incurred by the Member.
4. The Member’s claim cannot be accepted until this form is returned and assessed.
5. **Please forward a copy of the Member’s charge sheet/summons with this claim form**

**Only legal fees incurred with our specific prior consent will be covered under this insurance.**

**SECTION 1 – MEMBER DETAILS**

|  |  |
| --- | --- |
| Member Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Contact Details: Day Time: Evening: Mobile: Email: |  |

|  |  |
| --- | --- |
| Warrant Number: |  |

|  |  |
| --- | --- |
| Federation Representative: |  |

**SECTION 2 – VALIDATION DETAILS (to be completed by the Federation Executive Committee Only)**

|  |  |  |
| --- | --- | --- |
| **Name of person Validating:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Is the member a****Subscribing member?:****(Constable/Sergeant/Inspector)** |  |  |
|  |
| **Date started with force:** |  |  |

|  |  |
| --- | --- |
| **Any other relevant details:** |  |

**SECTION 3 – CLAIMANT DETAILS (If different to Member)**

|  |  |
| --- | --- |
| Claimant Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Contact Details: Day Time: Evening: Mobile: Email: |  |

|  |  |
| --- | --- |
| Relationship to Member: |  |

|  |  |
| --- | --- |
| Has the Claimant sought advice, or instructed a firm of solicitors about this problem? If so, please provide the details: |  |

|  |  |
| --- | --- |
| Does the Claimant have any other insurance policies which may cover this claim? If so, please specify: |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECTION 4 – CLAIM DETAILS**

|  |  |
| --- | --- |
| Date of the alleged offence: |  |

|  |  |
| --- | --- |
| Date the Claimant first became aware of the problem: |  |

**4a - Criminal (including Motor Prosecution)**

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| --- |
| Has the Claimant received a summons/been charged with a Criminal offence/Motor Prosecution? |

|  |
| --- |
| **If so please forward a copy of the charge sheet/summons with this claim form and provide:** |
| Date of Hearing: |  | Time of Hearing: |  |
|  |  |  |  |
| Court: |  |

**(Please provide further details in 4d below)**

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**4b - Interview**

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| --- |
| Is the Claimant to be interviewed to do with an event which might lead to the Claimant being cautioned or charged with a criminal offence? |

|  |
| --- |
| **If so please complete the following:** |
| Date of Interview: |  | Time of Interview: |  |
|  |  |  |  |
| Location: |  |

**(Please provide further details in 4d below)**

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**4c - Internal Disciplinary**

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| --- |
| Has the Claimant been served papers in relation to a Misconduct Tribunal Panel or a Police Appeals Tribunal? |

|  |
| --- |
| **If so please forward a copy of the papers with this claim form and provide:** |
| Date of Hearing: |  | Time of Hearing: |  |
|  |  |  |  |
| Location: |  |

**(Please provide further details in 4d below)**

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**4d – Further details**

|  |
| --- |
| **Please detail as fully as possible the nature of the claim / incident (attach additional sheets if needed).****Also, send us photocopies of any documents/letters that relate to this claim.****Please forward a copy of the charge sheet/summons with this claim form** |
|  |

**DECLARATION**

I declare that the information supplied in this form and the documents sent in support of the claim represent a true, complete and honest statement of the facts and that I was not aware these could give rise to a claim at the time of taking out the cover.

Arc Legal Assistance are committed to protecting and respecting your privacy in accordance with the General Data Protection Regulations. Any personal or special category (sensitive) information provided in this claim form or throughout the handling of the claim will only be used in accordance with our privacy statement which can be found at [www.arclegalassistance.co.uk](http://www.arclegalassistance.co.uk).

We may need to share your personal or sensitive information with other organisations. We will not disclose your personal or sensitive information for any purpose other than the purpose for which it was collected.

We shall not keep your personal information for any longer than necessary.

I agree that this information can be forwarded to an appropriate third party but solely for the purposes of assisting or dealing with the claim.

I also agree that the third party can disclose to Arc Legal Assistance Ltd any information it reasonably requests from them relating to my claim.

**Signed ……………………………………………………………………………**

**Dated ……………………………………………………………………………**

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