



# Norfolk Police Federation

## Personal Accident claim form

Please complete this form (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.**

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### PLEASE COMPLETE IN BLOCK CAPITALS

Mr / Mrs / Ms / Miss    First Name..... Surname.....  
Date of birth..... Force no.....  
Home address.....  
.....Postcode.....  
Telephone no..... Email.....

Date and place of accident.....  
Approx. time.....

Please provide a full description of your accident, stating clearly how your injuries were sustained.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

(Continue overleaf if necessary)

Give details of injuries sustained.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

(Continue overleaf if necessary)

Were you admitted to hospital overnight?    Yes/No    (delete as applicable)

**Please note: If you are admitted to hospital as a result of your accident you may be entitled to receive hospital benefit (max 7 nights). In these circumstances a hospital benefit claim form should also be completed.**

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

I confirm that as a result of my accident on.....(date in full)

I was absent from duty from.....(date in full)

I returned to full / restricted duty on.....(date in full)

Signature.....Date.....

**Please note that the Federation office may pass information held by the Force to the brokers but only that which is necessary in connection with your claim and membership of the scheme.**

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**Please complete the section overleaf to enable payment direct to your bank account.**

To be completed by the Federation office

The above named person is a member of the scheme and the dates given are correct.

Signed..... For the JBB Secretary

## Norfolk Police Federation 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:        \_\_\_\_\_

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