

## Offensive weapons assault 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:

**Avon & Somerset Police Federation Office, 1 St David's Court, Windmill Road,  
Clevedon, North Somerset BS21 6UP**

A claim may be submitted if you sustain accidental bodily injury in the course of duty, directly caused by the discharge of a firearm, crossbow, shotgun, or stabbing with a sharp instrument, and the injury sustained prevents you from continuing in your pre-assault duties for the 7 consecutive days on which you were due to work immediately following the assault. **Only one benefit will be paid for any one assault.**

### PLEASE COMPLETE IN BLOCK CAPITALS

Title..... First Name..... Surname.....

Date of birth..... Force no.....

Home address.....

.....Postcode.....

Telephone no.....Email.....

Date and place of assault.....

Approx. time.....

Please give details of injuries sustained.....

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.....

(Continue overleaf if necessary)

**Please note: If you were admitted to hospital as a result of your injuries you may also be entitled to claim hospital benefit. If this is the case, 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 the above incident I was absent from duty

From: .....

Until:.....

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

Benefit claimed (tick box): ☐ Firearm assault £2,500

☐ Stabbing assault £1,500

**Please ensure you complete the section overleaf to enable benefit payments to be made to you.**

### To be completed by the Federation office

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

Signed..... For the JBB Secretary

## Avon & Somerset Police Federation

### Offensive weapons assault 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..... Date.....  
(Authorising the payment of benefits direct to the above account)

Claimants full name: \_\_\_\_\_

Once completed please print this form and sign it.

Fully completed forms should be sent to the Federation office at the address overleaf.

#### **DATA PRIVACY NOTICE**

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