



Please give details if you required a dentist call out / emergency treatments / temporary treatments following the accident?

.....  
.....  
.....

---

Name/Address and contact telephone number of dentist(s) providing treatment:

.....  
.....  
.....  
.....  
.....

---

Please give details of treatment received to date:

.....  
.....  
.....

---

Please give details of further treatment required in the future as a result of the dental injury:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Did treatment involve or will it later require you to stay in hospital overnight?    Yes / No  
(delete as applicable)

Please give details:.....  
.....  
.....  
.....  
.....

Claim for: Tick: Amount claimed:

Claim for:	Tick:	Amount claimed:
Dental call out costs:		
Emergency Treatments costs:		
Hospital cash benefit:		
Other costs (give details):		

**Please attach all receipts and quote details to the claim form together with any medical / dental reports.**

I certify that I was a subscribing member of the scheme on the date of the accident and to the best of my knowledge the statements made are true and without reservation. I agree that the information on this form, including sensitive (medical) information, may be stored and shared with Avon & Somerset Police Federation, the insurers/underwriters, their agents and the scheme brokers, but only for the purposes of processing and recording my claim.

Signature of Officer.....Date.....

Please note that in order to assess your claim we may need to contact your dentist or specialist to obtain further reports. By proceeding with this claim you signify your consent to this.

**To be completed by the Federation office:**

The above named person was a member of the scheme on the date of the accident

Signed..... For the JBB Secretary

**Please ensure you complete the section below 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)

## **DATA PRIVACY NOTICE**

George Burrows is the trading name of Arthur J. Gallagher Insurance Brokers Ltd (AJG). We are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, reinsurers, other brokers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our privacy policy at [www.georgeburrows.com](http://www.georgeburrows.com). If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.



George Burrows is a trading name of Arthur J Gallagher Insurance Brokers Limited, which is authorised and regulated by the Financial Conduct Authority. Registered Office: Spectrum Building, 7th Floor, 55 Blythswood Street, Glasgow, G2 7AT. Registered in Scotland. Company Number: SC108909 [www.ajg.com/uk](http://www.ajg.com/uk)