

Group insurance scheme
Emergency dental claim form

**Please complete this form and return it to: Avon & Somerset Police Federation Office,
1 St David's Court, Windmill Road, Clevedon, North Somerset BS21 6UP**
You can use the reverse of page 3 if you want to provide further information.

**Cover is for dental treatment which becomes necessary as a result of a dental injury or
emergency anywhere in the world. Benefit is only in respect of treatments commencing
and completed within 2 years of the date of the accident.**

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 location of accident.....

Approx. time.....

Please provide a full description of your accident, your dental injuries, and how the injuries
were sustained:

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

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

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Please give details of treatment received to date:

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

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

Please give details:.....
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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.

This claim form must be submitted by the Federation office.
By submitting this claim via email to George Burrows, we hereby confirm that the claimant was a member of our Group Scheme at the date of the incident and is therefore an eligible claimant.

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)

George Burrows are acting on behalf of insurers, which enables us to handle certain claims on their behalf.

DATA PRIVACY NOTICE

George Burrows is a trading name of Arthur J. Gallagher Insurance Brokers Limited (Gallagher).

We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies. We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes.

Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at <https://www.ajg.com/uk/brokerage-privacy-policy/>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.



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