

Devon & Cornwall Police Federation

Spouse/Partner Personal Accident claim form



Please complete this form in **block capitals** (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:

Federation Office, Police Headquarters, 2 River Court, Pynes Hill, Exeter, EX2 5JL

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.

To be completed by the serving officer:

Title..... First Name..... Surname.....
Date of birth..... Collar no.....
Home address.....
.....Postcode.....
Telephone no.....Email.....
Full name of Spouse/Partner.....Age.....
Date of joining scheme:.....(Officer).....(Partner)

To be completed by the claimant (spouse/partner):

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

State disablement being claimed for.....
.....

Please note: disablement must be permanent and total

Name and address of treating doctor/consultant.....
.....
.....

To enable your claim to be considered this form must be accompanied by a full medical report from your treating practitioner giving details of your injuries, treatment and prognosis.

I, the undersigned, hereby declare that I am a subscribing member of the above scheme and to the best of my knowledge the above statements are true in every respect and made without reservation.

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

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

Signed.....

For the JBB secretary confirming membership of the scheme.

Spouse/partner 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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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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