



Devon & Cornwall Police Federation

GROUP INSURANCE SCHEME

PERSONAL ACCIDENT - HOSPITAL BENEFIT CLAIM FORM

This form should be submitted if you are detained in hospital overnight as a result of an accident (maximum claim: 7 nights).

Please complete and return to:

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

PLEASE COMPLETE IN BLOCK CAPITALS

Name Date of Birth.....

Home address.....

Postcode.....

Collar number..... Rank..... Telephone No.....

Email address..... Place where accident occurred.....

Date and approximate time of accident

Please give a description of your accident, stating clearly how your injuries were sustained (It is not necessary to complete this section if you have already completed a personal accident claim form in respect of this accident):

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

(continue overleaf if necessary)

Please give details of your injuries

If hospital admission did not immediately follow your accident, please state purpose of admission.....

(continue overleaf if necessary)

Name and address of hospital admitted to.....

Date and time of admission.....

Date and time of discharge.....

7 NIGHTS MAXIMUM PAYABLE

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 and without reservation.

Signature of insured Date

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

To be completed by the Federation Office confirming scheme membership:

SIGNED..... (For the JBB Secretary)

Hospital Benefit 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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GB1139/V2