

## Group Insurance Scheme

### Personal Accident claim form

Please complete this form in BLOCK CAPITALS and return it to this office:

**Hampshire Police Federation, 1490 Parkway, Solent Business Park, Whiteley, Hampshire PO15 7AF.**

Your partner or another responsible person may complete this form on your behalf if you are unable to do so yourself. You may add continuation pages for any additional information you wish to provide in support of your claim.

**For Special Constables cover is for accidents on duty only.**

**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.**

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

Date of birth..... Force/Employee no.....

Home address.....

.....Postcode.....

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

Date and place of accident.....

Approx. time.....

Please provide a full description of your accident, stating clearly how your injuries were sustained (continuation pages can be added if required):

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Give details of injuries sustained.....

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Were you admitted to hospital overnight? Yes/No (delete as applicable)

Please note: If you are admitted to hospital as a result of your accident you may be entitled to receive hospital benefit (max 7 nights - includes readmission). In this circumstance a hospital benefit claim form should also be completed.

## Hampshire Police Federation Personal Accident claim form (cont'd....)

### To be completed by the claimant:

I certify that I am a subscribing member of the scheme and to the best of my knowledge the statements I have made in this form are true and without reservation.

I confirm that as a result of my accident on.....(date in full)

I was absent from duty / work from.....(date in full)

I returned to full / restricted duty / work on.....(date in full)

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

Please note that the Federation office may pass information held by the Force to the brokers but only that which is necessary in connection with your claim and membership of the scheme.

**The section below must be completed to enable payment of benefit direct to your nominated bank account:**

**Bank name and address**.....

**Branch sort code:**        /        /       

**Account name:** .....

**Account number:** .....

### **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.

### **To be completed by your supervisory officer / manager**

The above named person has now returned to duty / work and the dates of absence given are correct.

Signed..... Date.....

Rank / Job Title .....

### **To be signed by the Federation in confirmation of scheme membership**

Signed..... on behalf of the JBB

Claim Number:..... (For office use)