HAMPSHIRE POLICE Federation

Personal Accident claim form- Dental injury

Please complete this form in BLOCK CAPITALS and return it to:
George Burrows, **St Mark's Court, North Street, Horsham, West Sussex RH12 1RZ**

Use additional sheets if you need to provide further information.

Worldwide Dental Injury- Cover is for dental treatment charges incurred in connection with a dental injury. Benefit is only in respect of treatments commencing and completed within 2 years, of the date of the incident.

Full name..... Date of birth…….....

Force/Employee no..... Rank/Job title.....

(If applicable)

Home address .....

……Postcode.....

Telephone no……..... Email ……..

Date and location of accident……..……

Approx. time……

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

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…….....

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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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…….....

GeorgeBurrows

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

Name/Address and contact telephone number for 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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Any additional information.

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Did treatment involve or will it later require you to stay in hospital overnight? Yes / No

If you were admitted to hospital for an overnight stay or will need to be in the future as a direct result of your dental injury, you may be entitled to receive hospital benefit (£50 per night, max £1,500 per year):

Date and time of admission:.....Date and time of discharge:.....

Reason for admission:.....

.....

Name and address of hospital attended:.....

.....

Please provide any admission/discharge documents you have been given in support of your claim.

Dental call out costs		
Emergency /Temporary Treatments costs		
Other costs incurred to date		
Amount of dentist quote for future treatment plans		
Any other costs claimed		

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

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I certify that I was a subscribing member of the scheme on the date of the incident 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 British Transport Police Federation, the insurers/underwriters, their agents and the scheme brokers, but only for the purposes of processing and recording my claim.

Signature of claimant…… 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 enable benefit payments direct to your bank account; please complete the following:

Bank name and address……

Account name: ……

Branch sort code: ……/……/……

Account number: ……

Signed: …… (authorising payments to this account) Date:.....

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. 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.

For office use only:

Name: Claim number:

When completed, please return this form to the George Burrows

GeorgeBurrows