

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: _____

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.

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)