



Personal Accident claim form- Dental injury

Please complete this form in BLOCK CAPITALS and return it to:
Hampshire Police Federation, 1490 Parkway, Solent Business Park, Whiteley, Hampshire PO15 7AF.

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.

Note: Cover excludes injury caused by consumption of food including any foreign bodies contained within food. Please read the policy wording for full terms and conditions, in particular the exclusions that apply.

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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Please give details if you required a dentist call out / emergency treatments / temporary treatments following the accident?

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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.



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

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:

<p>Bank name and address.....</p> <p>Account name:</p> <p>Branch sort code:/...../.....</p> <p>Account number:</p> <p>Signed: (authorising payments to this account) Date:.....</p>

This claim form must be submitted by the Federation office. By submitting this claim via email to George Burrows, we hereby confirm that the claimant was a member of our Group Scheme at the date of the incident and is therefore an eligible claimant.

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.

