



Claim Form – Police Federation Legal Expenses – Bankruptcy

Please note that the Insurers will not pay for fees, expenses, or costs incurred by you before they have agreed to accept the claim.

Section 1 – Personal Information

Name of Federation: _____	Collar or Registered Number: _____
Name of Federation Member: _____	Date of Birth of Federation Member: ____ / ____ / ____
Name of Insurance Intermediary who provided the Policy: _____	
Name of Person Claiming: _____	Date of Birth of Person Claiming: ____ / ____ / ____
Occupation/Business of Person Claiming: _____	
Address: _____	
_____	Postcode: _____
Contact Telephone Number – Landline: _____	Mobile: _____
Personal Email Address: _____	
How do you prefer to be contacted? _____	
Relationship to Federation Member: _____	
Do you have any other insurance policies which may cover this claim e.g. household or motor legal expenses insurance? _____	

Section 2 – Initial Details

Please describe fully, with dates, the sequence of events which led to your insolvency: _____

If a sum of money is in dispute, what is the sum involved? £ _____

Section 3 – Personal Loss

When did you first become aware that you had debt problems/difficulties? _____

When were you first aware of the incident giving rise to the claim? _____

When were you first aware of possible legal action? _____

Date you reported the details to our **Debt Advice Specialist**: _____

Name of **Debt Advice Specialist** that you have had contact with: _____

Section 4 – Documentation

When you submit this Claim Form to us, please send to us all documents and correspondence that you have in your possession relating to the claim.

This Claim Form and accompanying documentation should be sent to:

Claims Department, Legal Insurance Management Ltd, 1 Hagley Court North, The Waterfront, Brierley Hill, West Midlands DY5 1XF

Or emailed to:

Claims@legalim.co.uk

Section 5 – Declaration

It is your legal duty to tell us now about any material facts which might influence us in the acceptance or assessment of your claim. If you are in any doubt as to what constitutes a material fact you must tell us in writing immediately. If you fail to comply your claim may be invalidated.

I/We declare that no material fact has been suppressed, misrepresented or misstated, and that the above statements have been read over, checked, and found to be correct.

I was/We were not aware at the date of inception or renewal of the policy that this claim, the details of which are set out on this form, could arise.

Signature of Claimant: _____ **Date:** ____ / ____ / ____