LANCASHIRE POLICE FEDERATION HOSPITALISATION CLAIM FORM

Philip Williams&Co INSURANCE MANAGEMENT

Serving / Police Staff *
(*Delete as applicable)

Members Name: _____

Date of Birth: _____ / _____ / _____ Collar No: _____

Address: _____

_____ Postcode: _____

Email Address: _____ Tel No: _____

Date of Accident / Illness: _____ / _____ / _____

Details of Accident / Illness: _____

_____

_____

Caused by: _____

_____

_____

_____

Period of hospitalisation from: _____/_____/_____ to: _____/_____/_____

Note: this must be immediately following accident or illness (after 1st May 2023)

Totaling: _____ nights **(maximum payable 7 nights)**

Have you sustained injuries of this nature previously? YES / NO

Note: All claims are assessed in line with the policy terms and conditions

Member Declaration:

I declare that the above statements are true and complete and that I remained in a hospital bed in a ward or intensive care unit **between midnight and seven o'clock** for each night claimed.

I attach a copy of the hospital admission and discharge certificate.

Signed: _____ Date: _____

Trustee Declaration:

I certify that the details stated above are correct and that the claimant is a subscribing member of the **Lancashire Police Federation Insurance Scheme** and submit this claim on behalf of the Trustees.

Signed: _____ Date: _____

Name: _____

BANK DETAILS:

When your payment has been approved we will make the payment to you directly to your bank account. Please complete the following:

Name and Address of your bank:

_____

_____

_____

Branch Sort Code: _____

Account Number: _____

Account Name(s):_____

DATA PROTECTION NOTICE

Philip Williams (G Ins) Management Ltd collects and uses your data in accordance with current data protection law (which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679)) ("data protection law"). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams (G Ins) Management Ltd using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at https://www.philipwilliams.co.uk

Privacy Notice

Please Note: Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk
A hard copy can be provided upon request.