

Emergency Dental Treatment (Accident Only) Claim Form

To be completed by the Member for whom the benefit is being claimed. The issue of this form is in no way an admission of liability. All claims will be paid in accordance with the policy terms, conditions, and limits (see policy for full details).

Serving / Police Staff * (*Delete as applicable)

POLICYHOLDER DETAILS:

Full Name:			
Date of Birth: /	/		
Station:	Rank:	Number:	
Home Address:			
		Postcode:	
Email address:		Tel No:	

ACCIDENTAL DAMAGE TO TEETH

If an accident occurs to the member and external oral impact results in dental injury (including loss or damage to any prostheses e.g. dentures while in the mouth), the benefit will be payable up to amount shown in the Schedule for the treatment necessarily provided by a qualified dentist or Registered Qualified Medical Practitioner within 12 months from the date of the Accident.

Please provide full details of the accident and the treatment you are claiming for:

Date of Accident: / /	Treatment Cost:
Cynllun Yswiriant Grŵp Heddlu Gogledd Cymru 311 Ffordd Abergele, Hen Golwyn, Bae Colwyn, LL29 9YF Ebost: <u>FedAdmin@northwales.police.uk</u> Ffôn: 01492 805400	North Wales Police Group Insurance Scheme 311 Abergele Road, Old Colwyn, Colwyn Bay, LL29 9YF Email: <u>FedAdmin@northwales.police.uk</u> Telephone: 01492 805400

CYNLLUN YSWIRIANT grŵp heddlu gogledd cymru					
NORTH WALES POLICE GROUP INSURANCESCHEME					
TREATING DENTIST DETAILS					
Name of Dentist:					
Name of Practice:					
Address of Practice:					
	Postcode:				
Practice Telephone Number:					
Dentist GDC No:					
DECLARATION					
I declare that the information given on this form is true and complete to the	e best of my knowledge.				
Signed:	Date:				
I confirm that I have been informed of my rights under the Access to Medic to whom the claim is submitted (the underwriters) seeking medical inforr treated me or who has access to records relating to my physical and necessary and relevant in the opinion of the Underwriter's Chief Medical	nation from any medical practitioner who has mental health, or any other source which is Officer.				
Signed:	Date:				
I do/do not* wish to see any medical reports prior to their release to the I	nsurers. * Delete as applicable				
Signed:	Date:				
I also consent to the release of such information to the Underwriter's Chie	of Medical Officer.				
Signed:	Date:				
I understand and consent to the use of this information provided on this form provided in connection with any claim, for the purposes of under rehabilitation, and customer concern handling. In order to do this, the in reinsurers, insurance intermediaries and service providers.	writing, administration, claim management,				

Signed:	Date:
Cynllun Yswiriant Grŵp Heddlu Gogledd Cymru	North Wales Police Group Insurance Scheme
311 Ffordd Abergele, Hen Golwyn, Bae Colwyn, LL29 9YF	311 Abergele Road, Old Colwyn, Colwyn Bay, LL29 9YF
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BANK DETAILS:

When your payment has been approved, we will make the payment to you directly to your bank account.

Branch Sort Code:				
Account Number:				
Account Name(s):				
Name and Address of your bank:				
TO BE COMPLETED BY TRUSTEE OF SCH	<u>IEME:</u>			
I certify that the claimant is a current particip	pant of the Scheme and that the	e claim details	are correct.	
Date of Joining Scheme: /				
Signed:	D	ate:		
Name:				



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.

ACCESS TO MEDICAL REPORTS ACT 1988

Rights and Procedures

Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991

We need your consent before we can approach any doctor for a medical report about you. This is given by signing the declaration on this form. Before you sign, you should read this section carefully. It details your rights under the Act.

1. You do not have to give your consent. If you do not give your consent, we may be unable to proceed with your claim.

2. You can request to see the report before it is sent to us. We will inform the doctor that you want to see the report before it is sent to us and confirm your request in writing. You will then have 21 days to arrange with the doctor to see the report. If you haven't arranged to see the report within this period, the doctor will send it to us. 3. If you indicate that you don't want to see the report, we do not have to tell you if we apply for one. You can, however, ask to see a copy of the report within six months of it being sent to us.

4. The doctor may charge you a reasonable fee if you ask to see a copy of the report.

5. If you have seen the report before it is sent to us, the doctor will require your written consent to

send it to us. You have the right to ask the doctor to change anything that you consider to be incorrect or misleading. The doctor can, however, refuse to make any alterations. If the doctor refuses to change the report, you may attach a note giving your views.

6. The doctor can refuse to let you see all or part of the report if, in their opinion, it is likely to:

- Adversely affect your physical or mental health or that of others,
- Indicate the doctor's intentions to you,
- Reveal the identity of a third party who has given information about you unless they have consented to its disclosure, or it has been supplied by a health professional involved in caring for you.

In such cases the doctor must notify you. You will only be able to see the remaining part of the report. If the whole report is affected the doctor will advise you and not send it to us without your written consent. If you refuse to give your consent, we may be unable to proceed with your claim.

PRIVACY NOTICE

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

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