

NOTTINGHAMSHIRE POLICE

INSURANCE CLAIM FORM

PERSONAL ACCIDENT COVER

Temporary Total Disablement is payable only where:

A member is injured by an accident (including assault) which causes him/her to be disabled from carrying out Police duties for a period in excess of 7 days. Benefit is payable only in respect of injuries resulting from sudden, violent, unexpected and unusual events, in line with the policy terms and conditions. It is not payable for constitutional conditions or sickness:

More details of the scheme noted below.

Please complete the claim form in accordance with the following notes:

- ❑ The policy conditions require that written notice of a claim shall be given to the Company without unnecessary delay. Please ensure this requirement is met since the Company reserves the right to refuse to deal with claims which are notified after an unreasonable lapse of time.
- ❑ Form A is the initial notification and should be completed and forwarded to the Federation Office within **90 days** of the date of the accident (including assault). No claims whatsoever will be progressed unless the Federation Office has been notified of details of the accident/accidental injury within 90 days.
- ❑ Advise the Federation Office immediately when you return to work. This should be done in writing by completing the slip Form B.
- ❑ Payments will be made on completion of the full period of disability although special arrangements can be made for regular payments where longer periods of disability are involved. Contact Federation Office for interim payments request forms.
- ❑ The issue of the claim form is in no way an admission of liability.
- ❑ Whilst medical evidence is not normally required in support of a claim, the Insurance Company reserve the right to require an applicant to support a medical certificate without expense to the Company.
- ❑ In addition to the weekly benefit which is £14 per week payable for a period of 104 weeks, the scheme also provides additional accident benefits.

FORM B: Return to Work Section

Please retain form B and forward to Federation Office on return to work (either full or light duties), resignation or retirement from the force.

Name of Force: Nottinghamshire Police

Office Claim No:

Name: (Mr / Mrs / Miss / Ms)

Full Postal Address:

Postcode:

Mobile Telephone No:

Forward this portion of the form when you are in a position to confirm the date of your return to work / retirement / resignation.

I refer to the claim previously initiated and wish to advise that the full period of disability is:

First date of absence: _____

Last date of absence: _____

Resumed duty / resigned / retired: _____

Signed: _____ Date: _____

BANK DETAILS

When your claim 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): _____

FORM A: Initial Claim Section

Name of Force:	Nottinghamshire Police
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Office Claim No:

Name: (Mr / Mrs / Miss / Ms)

Full Postal Address:
Postcode:

Division:	Collar No:
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Rank:

Home Telephone No:
Mobile Telephone No:

Date absence commenced :-	
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Exact nature of injuries:

Exact nature of accident which caused these injuries: (Note: It is necessary to show that the injury resulted from an unexpected and unusual event.)
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Date and Location of Accident:

Have you sustained injuries of this nature previously? Yes / No

Name & address of doctor issuing certificate covering absence from duty:

If the above is not your GP, please give GP's name and address:

Has the Doctor given any indication of how long the disability is likely to continue? Yes / No

If yes, how long?

DECLARATION

I declare to the best of my knowledge and belief:

- a) The above facts are correct.
- b) I was fully disabled from performing my duties during the dates shown on the claim form.
- c) I am a member of the Group Insurance Scheme run by the Nottinghamshire Federation.
- d) Current premiums are fully paid in respect of the above mentioned scheme, this being by deduction from my salary.

Signed: _____ **Date:** _____

To be completed by a Trustee:

I confirm that the claimant is a member of the scheme.

Signed: _____ **Date:** _____