

NOTTINGHAMSHIRE POLICE
PERSONAL ACCIDENT CLAIM FORM
POST TRAUMATIC STRESS DISORDER

This benefit is payable as a result of attending an incident on police duty. The disorder must be a clear result of a single incident which has been documented in police records and be of sufficient severity to prevent the member performing the usual occupation.

Full Name of Member _____

Rank _____ Warrant No. _____ Collar No. _____

Full Postal Address _____

_____ Postcode _____

Telephone No. Home _____ Work _____

E-mail _____

Date Absence Commenced _____

Date of Incident _____ Time _____

Place _____

Description _____

Has your attendance at the Incident been reported to the Force Yes/No

Have you suffered a similar disorder before Yes/No

Name, address and telephone number of Doctor issuing the certificate covering absence from duty

If the above is not your GP, please state your GP's name, address and telephone number _____

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 OR ON BEHALF OF THE TRUSTEES

I confirm that the claimant is a subscribing member of the Nottinghamshire Police Group Insurance Scheme and that the facts about the claim are correct.

Signed _____ Date _____

Name _____

MEDICAL CERTIFICATE

To be completed by a qualified and registered Medical Practitioner and supplied without expense to the Society.

Full Name of Patient _____

Name of Ailment _____

Date of first attendance for Ailment _____

Is there any history of a similar condition Yes/No

If Yes please give details _____

In your opinion what factors have given rise to the condition _____

General Remarks _____

Signature _____ Date _____

Qualifications _____

Address _____

_____ Postcode _____

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Member to retain this form until completion date is known, then complete and forward to the Federation Office without delay.

Full Name of Member _____

Rank _____ Warrant No. _____ Collar No. _____

Full Postal Address _____

_____ Postcode _____

Email _____

1. I RESUMED DUTY ON _____

2. I RETIRED FROM THE FORCE ON _____

3. I RESIGNED FROM THE FORCE ON _____

4. 104 WEEKS ENTITLEMENT COMPLETED ON _____

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: _____