## Norfolk Police Federation Personal Accident claim form



Please complete this form (your partner or another responsible person may complete it on your behalf if you are unable to do so yourself) and return it to this office:

Norfolk Police Federation, Vox House, 43 Thorpe Road, Norwich NR1 1ES

Note: Cover is for Accidents only: 'Accident' means a sudden, violent, external, unforeseen and identifiable event. Benefit is not payable if your injury results from normal bodily movement, sickness, disease or any gradually operating or degenerative condition.

PLEASE COMPLETE IN BLOCK CAPITALS				
Date of birth Home address	SurnameForce no			
	Postcode Email			
Approx. time  Please provide a full description of your accider sustained	nt, stating clearly how your injuries were			
	(Continue overleaf if necessary)			
	(Continue overleaf if necessary) es/No (delete as applicable)			
Please note: If you are admitted to hospital as a resu	It of your accident you may be entitled to receive hospital			
benefit (max 7 nights). In these circumstances a host I certify that I am a subscribing member of the scheduler statements are true and without reservation.  I confirm that as a result of my accident on	me and to the best of my knowledge the above(date in full)(date in full)			
Signature  Please note that the Federation office may pass inforwhich is necessary in connection with your claim and	mation held by the Force to the brokers but only that			
Please complete the section overleaf account.	to enable payment direct to your bank			
To be completed by the Federation office	Э			
The above named person is a member of the s	cheme and the dates given are correct.			
Signed	For the JBB Secretary			



## Norfolk Police Federation Personal Accident claim form (continued...)

## Please complete the following section to enable benefit payments to be made direct to your nominated bank account:

Bank name and addre	ess	 	
Branch sort code:		 	
Account name:			
Account number:		 	

## **DATA PRIVACY NOTICE**

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