

**CRIMINAL COURT AWARD COMPENSATION**  
**CLAIM FORM**

A claim may be submitted if, following an assault, compensation you have been awarded by a court has not been paid within six months from the date of the award. Claims will be considered up to 24 months from the date of the court hearing.

Please complete this form and return it to: - **Northamptonshire Police Federation, Wakefield House, Wootton Hall Park, Northampton, NN4 0JA**

**PLEASE COMPLETE THE FOLLOWING: -**

I \_\_\_\_\_ hereby certify that on: -

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date)

At \_\_\_\_\_ \*Magistrates / Crown Court

I was awarded compensation to the amount of £ \_\_\_\_\_

Against \_\_\_\_\_ (defendant)

in respect of the offence of \_\_\_\_\_

To date I have received \*no / part payment of £ \_\_\_\_\_

**\*Please delete as appropriate**

I therefore wish to claim the sum of £ \_\_\_\_\_

**(Amount of unpaid compensation awarded or £500 whichever is the lowest amount)**

I enclose a letter from the court confirming the amount of compensation awarded and I understand that if I receive any further reimbursements from the defendant I will repay such amounts to Philip Williams & Co.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Collar no: \_\_\_\_\_ Rank: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Tel No: \_\_\_\_\_

**BANK DETAILS:**

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

Name and Address of your bank:	Branch Sort Code: _____
_____	Account Number: _____
_____	Account Name(s): _____
_____	

**To be completed by the Federation office:**

I confirm the above named person is a member of the Insurance Scheme.

Signed: \_\_\_\_\_ **(For the JBB Secretary)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**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](http://www.philipwilliams.co.uk)  
A hard copy can be provided upon request.