

Staffordshire Police Federation Group Insurance scheme - Personal Accident Partner Permanent Total Disablement Claim Form



Complete this form and return it to:

Staffordshire Police Federation office, Hearn Court, Rising Brook, Stafford ST17 9QN

You may use additional sheets to provide further information in support of your claim.

Cover is for disability resulting from an 'Accident': 'Accident' means a sudden, unexpected, unusual event which occurs at an identifiable time and place and causes bodily injury.

Benefit is not payable if your injury results from normal bodily movement, sickness, disease or any gradually operating or degenerative condition.

This section to be completed by the subscribing officer (in BLOCK CAPITALS)

Title..... First Name Surname

Date of birth..... Collar no

Home address

..... Postcode

Telephone no..... Email

Full name of Partner.....Date of birth.....

Date of joining scheme:.....(Officer).....(Partner)

To be completed by the claimant (partner):

Date and location of accident.....

..... Approx. time.....

Please provide a full description of your accident and how your injuries were sustained:

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What injuries did you sustain?

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Continued on next page

Give details of disablement being claimed for (disablement must be permanent and total):

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Name and address of treating doctor/consultant.....

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To enable your claim for disablement to be considered this form must be accompanied by a full medical report from your treating practitioner giving details of your injuries, treatment and prognosis.

I certify that I was a member of the scheme on the date of the accident and to the best of my knowledge the statements made are true and without reservation. I agree that the information on this form, including sensitive (medical) information, may be stored and shared with Staffordshire Police Federation, the insurers/underwriters, their agents and the scheme brokers, but only for the purposes of processing and recording my claim.

Signature of claimant..... Date.....

Please complete your bank details below

Benefit payments are made to your bank account; please complete the following:
Bank name and address.....
Account name:
Branch sort code:/...../.....
Account number:

DATA PRIVACY NOTICE

George Burrows is the trading name of Arthur J. Gallagher Insurance Brokers Ltd (AJG). We are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, reinsurers, other brokers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.georgeburrows.com. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

To be completed by the Federation office:

The above named person was a member of the scheme on the date of the accident.

Signed..... For Staffordshire Police Federation

For office use only:
Name: Claim number:

When completed, please return this form to the Federation office