

Staffordshire Police Federation

Group insurance scheme

Retired Officer (up to age 64)

Personal Accident claim form



Complete this form and return it to
Staffordshire Police Federation office, Hearn Court, Rising Brook, Stafford ST17 9QN
Use additional sheets if you need to provide further information.

Cover is for Accidents only: '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.

PLEASE COMPLETE IN BLOCK CAPITALS

Mr/Mrs/Ms/Miss First Name Surname

Date of birth..... Collar no

Home address

..... Postcode

Telephone no..... Email

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?

.....
.....
.....

Continued on next page

Hospital benefit (maximum 7 nights):

Name and address of hospital.....
.....
Date and time of admission.....
Date and time of discharge.....

Permanent total disablement:

Give details of disablement being claimed for.....
.....
.....
Name and address of treating doctor/consultant.....
.....

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 subscribing 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 retired officer.....Date.....

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