

Staffordshire Police Federation

Offensive weapons assault 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:

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

A claim may be submitted if you sustain accidental bodily injury in the course of duty, directly caused by the discharge of a firearm, crossbow, shotgun, or stabbing with a sharp instrument, and the injury sustained prevents you from continuing in your pre-assault duties for the 7 consecutive days on which you were due to work immediately following the assault. **Only one benefit will be paid for any one assault.**

PLEASE COMPLETE IN BLOCK CAPITALS

Title..... First Name..... Surname.....

Date of birth..... Collar no.....

Home address.....

.....Postcode.....

Telephone no.....Email.....

Date and place of assault.....

Approx. time.....

Please give details of injuries sustained.....

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

(Continue overleaf if necessary)

Please note: If you were admitted to hospital as a result of your injuries you may also be entitled to claim hospital benefit. If this is the case, a hospital benefit claim form should be completed.

I certify that I am a subscribing member of the scheme and to the best of my knowledge the above statements are true and without reservation.

I confirm that as a result of the above incident I was absent from duty

From:

Until:.....

Signature.....Date.....

Benefit claimed (tick box): Firearm assault £1,500

Stabbing assault £750

Please complete the section overleaf to enable your benefit payment to be made to your bank account.

This claim form must be submitted by the Federation office.

By submitting this claim via email to George Burrows, we hereby confirm that the claimant was a member of our Group Scheme at the date of the incident and is therefore an eligible claimant.

Benefit payments are normally made to your bank account.

Please complete the following:

Bank name and address.....

Account name:

Branch sort code:/...../.....

Account number:

Please return this form to the Federation office.

George Burrows are acting on behalf of insurers, which enables us to handle certain claims on their behalf.

DATA PRIVACY NOTICE

George Burrows is a trading name of Arthur J. Gallagher Insurance Brokers Limited (Gallagher).

We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies. We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes.

Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at <https://www.ajg.com/uk/brokerage-privacy-policy/>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.

For office use only:	Claim number:
Name:	

