

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?

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GeorgeBurrows 

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GB1176/V2

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.....

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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 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.....

Please complete your bank details below

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:

Benefit payments are made to your bank account; please complete the following:

Bank name and address.....

Account name:

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

Account number:

When completed, please return this form to the Federation office