

# Staffordshire Police Federation Group insurance scheme Accident hospitalisation claim form



Complete this form and return it to:

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

**Cover is for Accidents only: 'Accident' means a sudden, violent, external, unforeseen and identifiable event. Bodily injury means injury which is caused solely by 'accidental' means and which independently of illness or any other cause leads to hospital confinement. Benefit is not payable if your injury results from normal bodily movement, sickness, disease or any gradually operating or degenerative condition. Benefit is payable for a maximum of 7 nights.**

## PLEASE COMPLETE IN BLOCK CAPITALS

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

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

Home address .....

..... Postcode .....

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

**It is not necessary to complete this section if you have already completed and submitted a personal accident claim form in respect of this accident.**

Date and location of accident.....

Approx. time.....

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

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

What injuries did you sustain?

.....  
.....

If hospital admission did not immediately follow your accident, state the purpose of admission

.....

Continued on next page

  
**GeorgeBurrows**

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Name and address of hospital to which you were admitted

.....  
.....

Time and date of admission .....

Time and date of discharge .....

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 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](http://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**