

Please give details if you required a dentist call out / emergency treatments / temporary treatments following the accident?

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Name/Address and contact telephone number of dentist(s) providing treatment:

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Please give details of treatment received to date:

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Please give details of further treatment required in the future as a result of the dental injury:

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Did treatment involve or will it later require you to stay in hospital overnight? Yes / No
(delete as applicable)

Please give details:.....
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Claim for: Tick: Amount claimed:

Claim for:	Tick:	Amount claimed:
Dental call out costs:		
Emergency Treatments costs:		
Hospital cash benefit:		
Other costs (give details):		

Please attach all receipts and quote details to the claim form together with any medical / dental reports.

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 Avon & Somerset 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.....

Please note that in order to assess your claim we may need to contact your dentist or specialist to obtain further reports. By proceeding with this claim you signify your consent to this.

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 the JBB Secretary

Please ensure you complete the section below to enable benefit payments to be made direct to your nominated bank account:

Bank name and address _____

Branch sort code: _____ / _____ / _____

Account name: _____

Account Number: _____

Signed..... Date.....

(Authorising the payment of benefits direct to the above account)

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