



Group Insurance Scheme

Personal Accident 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:

Avon & Somerset Police Federation Office, 1 St David's Court, Windmill Road, Clevedon, North Somerset BS21 6UP

You may add continuation pages for any additional information you wish to provide in support of your claim.

Note: Cover is for Accidents only: 'Accident' means a sudden, violent, external, unforeseen and identifiable event. 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..... Force no.....

Home address.....

.....Postcode.....

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

Date and place of accident.....

Approx. time.....

Please provide a full description of your accident, stating clearly how your injuries were sustained (continuation pages can be added if required):

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Give details of injuries sustained.....

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Claim form continues overleaf.....

Were you admitted to hospital overnight? Yes/No (delete as applicable)

Please note: If you are admitted to hospital as a result of your accident you may be entitled to receive hospital benefit (max 30 nights). In this circumstance a hospital benefit claim form should also 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 my accident on.....(date in full)

I was absent from duty from.....(date in full)

I returned to full / restricted duty on.....(date in full)

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

Please note that the Federation office may pass information held by the Force to the brokers but only that which is necessary in connection with your claim and membership of the scheme.

To enable benefit payments to be made direct to your nominated bank account please complete the following:

Bank name and address _____

Branch sort code: _____ / _____ / _____

Account name: _____

Account number: _____

To be completed by the Federation office:

The above named person is a member of the scheme and the dates given are correct.

Signed..... For the Federation JBB

