



Personal Accident Claim Form



Sections 1, 2, 3, 4 & 6 - complete by the claiming officer.
Section 5 - complete by claiming officers GP

Please return completed claim form,
Medical Certificate and other
evidence to:

Alan Stevenson Partnership
34 Victoria Street
Altrincham
Cheshire
WA14 1ET

Notes for BTPF Officers

1. Claiming officer to complete section 1,2,3,4 & 6.
2. Claimants GP must complete section 5. Any fee is to be paid by the claiming officer.
3. Further medical certificates are required at regular intervals during periods of disablement.
4. Insurer may subsequently require a Medical Report and section 6 must be completed.
5. The BTPF officer may be required to submit to a Medical Examination at the expense of insurers.
6. Please use a separate sheet where there is insufficient space on the form.

Policyholder: British Transport Police Federation | Policy No.: 931P307905

1. BTPF Officer

Full Name		Address	
<input type="text"/>		<input type="text"/>	
		Postcode	
Profession or Occupation (state if more than one)		Tel No.	
<input type="text"/>		<input type="text"/>	
Date of Birth	Height	Weight	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Collar Number	Email Address		
<input type="text"/>	<input type="text"/>		

2. GENERAL

Name and Address of Doctor in attendance <i>Note: The Medical Certificate hereunder should be completed by this Doctor:</i>		Is he/she your usual Medical Attendant?	
<input type="text"/>		<input type="text"/>	
		Date he/she was first consulted	
<input type="text"/>		<input type="text"/>	
How long have you been	Name and Address of any other Insurer or Society from which you are entitled to benefit in respect of the same accident/sickness		
a) Wholly unable to attend to any portion of your profession of occupation	From <input type="text"/>	To <input type="text"/>	<input type="text"/>
b) Able to attend partly to your profession of occupation	From <input type="text"/>	To <input type="text"/>	
	<input type="text"/>	<input type="text"/>	

3. DETAILS OF THE ACCIDENT

Place	Date	Time	am/pm
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please give full details of accident, indicating			
1. What you were doing at the time		2. What injuries have you sustained?	
<input type="text"/>		<input type="text"/>	
Have you previously suffered from similar injuries? <i>If so please give details</i>			
<input type="text"/>			
Name and addresses of witnesses			
<input type="text"/>			
When did incapacity start?			
<input type="text"/>			

4. DECLARATION

I hereby declare that the above statements are true in every respect and are made without reservation and I claim to be paid benefit due under the policy.

Signed	Date
<input type="text"/>	<input type="text"/>

5. MEDICAL CERTIFICATE (TO BE COMPLETED BY CLAIMING OFFICERS GP)

Notes for Doctors: 1. The wording of this certificate has been agreed with the B.M.A.
2. Any fee for this certificate is to be paid by the patient.

This is to certify that Mr / Mrs / Miss _____

is suffering from _____

and will / will probably be unfit to RESUME WORK (*delete as necessary*) _____

Disablement from engaging in or attending to usual business or occupation commenced on _____

If a definite date of return to work can be given please complete the following:

Total disablement from _____ to _____ & Partial disablement from _____ to _____

(Total disablement occurs when the Insured is wholly prevented from attending to his / her business or occupation whereas partial disablement implies that he/she has so far recovered as to be able to transact some portion of his/her occupation)

On the basis of your existing knowledge and without undertaking any further examination is it your opinion that the disablement indicated above is solely attributed to the specified injury sustained?

If not, please state below any contributory factors and the extent to which disablement is or has been thereby affected.

SURGERY STAMP

SIGNATURE & QUALIFICATION

DATE

6. ACCESS TO MEDICAL REPORTS ACT 1988

We require completion of a medical report by the doctor who is caring for you, to enable us to deal with an insurance claim. We need your consent to the supply of this report by signing in the space indicated below. Before doing so, however, you should read this note carefully, as it sets out your rights under the Access to Medical Reports Act 1988 and the procedures for dealing with reports. You do not have to give your consent to our being provided with a report but if you do, you have the right to tell the doctor you wish to see the report before it is sent to us, in which case the doctor cannot send it to us unless either he has shown it to you, or 21 days have passed without you having contacted your doctor about arrangements for you to see it. Of course, the quicker you act, the quicker the claim can be considered, and we may not be able to proceed with the claim in the absence of medical information.

Whether or not you say you wish to see the report before it is sent to us, the doctor must let you see a copy for up to six months after it is supplied, if you ask. If you ask the doctor for a copy of the report, he can charge you a reasonable fee to cover his costs. Once you have seen a report, before it is sent to us the doctor cannot submit it until he has your consent. You can write to the doctor asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your views on any part where you and the doctor are not in agreement and which the doctor is not prepared to alter.

The doctor is not obliged to let you see any part of a report if, in his opinion, it would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the doctor's intention towards you, or if disclosure would be likely to reveal information about, or the identity of another person who has supplied information about you unless that person has consented or the information relates to, or has been supplied by a health professional involved in caring for you. In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report which is affected, he must not send it to us unless you give your consent.

To be completed by Insured Person

Summary

Before we the Royal & Sun Alliance Insurance PLC / First Assist Rehabilitation / First Assist / Procure and any translation services we may need to employ, can apply for a medical report from your doctor, we need your consent. Before signing in the space below, you should know that you have certain rights under the Access to Medical Reports Act 1988 as detailed above, but the main points are as follows;

- You can withhold your consent
- You can see the report before it is sent to us, or during the six months after that
- You can ask the doctor if he will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement, you may append your comments
- The doctor can withhold from you the report, or part of it, if he thinks you would be harmed by seeing it

Consent to obtain a Medical Report

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, and, in connection with an insurance claim, hereby consent to the Royal & Sun Alliance PLC being provided with medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health, and I agree that a copy of this consent shall have the validity of the original.

I do not wish to see the report before it is sent to the Company

Please tick one box only.

I do wish to see the report before it is sent to the Company

Name in CAPITALS

Date of Birth

Doctor's Address

Postcode

SIGNATURE

DATE

Royal & Sun Alliance Insurance plc (No. 93792).

Registered in England and Wales at St. Mark's Court, Chart Way, Horsham, West Sussex, RH12 1XL.
Horsham, West Sussex, RH12 1XL.

BTP PA 03/14

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by the Financial Conduct Authority and the Prudential Regulation Authority