BRITISH TRANSPORT POLICE FEDERATION GROUP INSURANCE SCHEME

PERSONAL ACCIDENT CLAIM FORM

OFFICER INSURANCE COVER

By **Advisory Insurance Brokers Limited** (part of The Ardonagh Group)

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: **British Transport Police Federation, 134 Thurlow Road, West Dulwich, London SE21 8HN**. 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 ☐

Surname:		Forename(s):	
Date of birth:		Force number:	
Warrant no:		Rank:	
Station:			
Address:			
Telephone:		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):

Give details of injuries sustained:

Were you admitted to hospital overnight? Yes ☐ No ☐

Please note: If you are admitted to hospital as a result of your accident you may be entitled to receive hospital benefit (max 104 weeks - includes readmission). In this circumstance a hospital benefit claim form should also be completed.

To be completed by the claimant:

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 fromdate in full)

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

Signed: 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.

The section below must be completed to enable payment of benefit direct to your nominated bank account:

Bank name and address: ...

Account name:

Branch sort code:

Account number:

This claim form must be submitted by the Federation office. By submitting this claim via email to Advisory Insurance Brokers Limited, we hereby confirm that the claimant was a member of our Group Scheme at the date of the incident and is therefore an eligible claimant.

Data Protection Notice: Group Insurance Scheme Cover is arranged by Advisory Insurance Brokers Limited, who are the data controller for the personal information you provide. We are committed to keeping your information safe and secure. We will use your personal information to communicate with you and to provide you with the products and services you have requested or are of interest. We share information with other companies including insurers and finance companies to assess and obtain the quotes and covers you have requested. We will also share information with other organisations where we need to do so by law. Our Fair Processing Notice can be found here: **https://www.towergateinsurance.co.uk/fpn/advisory-insurance-brokers**. This explains in more detail how we use and share your personal information.

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