## BRITISH TRANSPORT POLICE FEDERATION GROUP INSURANCE SCHEME PERSONAL ACCIDENT HOSPITAL BENEFIT CLAIM FORM



This form should be submitted if you are detained in hospital overnight as a result of an accident. You can claim this benefit for a maximum of 104 weeks (per accident). Please complete and return to: British Transport Police Federation, 134 Thurlow Road, West Dulwich, London SE218HN.

## PLEASE COMPLETE IN BLOCK CAPITALS

Name:	Date of birth:
Address:	
Telephone:	Email:
Collar number:	Rank:
Warrant no:	Station:
Place where accident occurred:	
Date and approximate time of accident:	
Please give a description of your accident, stating clearly how your injuries were sustained (It is not necessary to complete this section if you have already completed a personal accident claim form in respect of this accident - continue overleaf if necessary):	
Please give details of your injuries:	
If hospital admission did not immediately follow your accident, please state purpose of admission (continue overleaf if necessary):	
Name and address of hospital admitted to:	
Date and time of admission:	Date and time of discharge:
A copy of the hospital discharge sheet should be returned with this form in support of your claim.	
I, the undersigned, hereby declare that I am a subscribing member of the above scheme and to the best of my knowledge the above statements are true and without reservation.	
Signed:	Date:

To enable benefit payments to be made direct to your Bank account please complete the section overleaf.

Please complete the following section to enable benefit payments to be made 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

Advisory Insurance Brokers Limited are acting on behalf of insurers, which enables us to handle certain claims on their behalf.

**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: <a href="https://www.towergateinsurance.co.uk/fpn/advisory-insurance-brokers">https://www.towergateinsurance.co.uk/fpn/advisory-insurance-brokers</a>. This explains in more detail how we use and share your personal information.



the date of the incident and is therefore an eligible claimant.