

# BRITISH TRANSPORT POLICE FEDERATION SPOUSE/PARTNER PERSONAL ACCIDENT CLAIM FORM



**OFFICER  
INSURANCE  
COVER**

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

Please complete this form in block capitals (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, 34 Thurlow Road, West Dulwich, London SE21 8HN**

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.

## To be completed by the serving officer:

Mr    Mrs    Ms    Miss

Surname:

Forename(s):

Date of birth:

Collar no:

Warrant no:

Rank:

Station:

Home address:

Telephone no:

Email:

Full name of Spouse/Partner:

DOB:

Date of joining scheme:

(Officer)

(Partner)

## To be completed by the claimant (spouse/partner):

Date and place of accident:

Approx. time:

Please provide a full description of your accident, stating clearly how your injuries were sustained

Give details of injuries sustained

Name and address of treating doctor/consultant

**To enable your claim to be considered this form must be accompanied by medical certificates from your treating practitioner certifying the dates of absence from work due to the injuries sustained in the accident detailed above.**

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)

I was absent from work from (Date)

and I returned to work on (Date)

Signed:

Date:

**Benefit payments are made to your bank account; please complete the following:**

Bank name and address:

Branch sort code:

Account name:

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.**

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

