

Norfolk Police Federation
Assault benefit 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: norfolk@polfed.org

A claim may be submitted if you sustain accidental bodily injury in the course of duty, directly caused by:

- the discharge of a firearm which prevents you from continuing in your pre-assault duties for the 7 consecutive days on which you were due to work immediately following the assault.
- stabbing with a sharp instrument which prevents you from continuing in your pre-assault duties for the 7 consecutive days on which you were due to work immediately following the assault.
- an attack by a dog and as a consequence of the injuries you are unable to continue your pre-assault duties for a period of 3 consecutive days immediately after the attack

Please note, only one benefit will be paid for any one assault.

Title..... First Name..... Surname.....

Date of birth..... Collar no.....

Home address.....

.....Postcode.....

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

Date and place of assault.....

Approx. time.....

Please give details of injuries sustained.....

.....

.....

(Continue overleaf if necessary)

Please note: If you were admitted to hospital as a result of your injuries you may also be entitled to claim hospital benefit. If this is the case, a hospital benefit claim form should 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 the above incident I was absent from duty

From:

Until:.....

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

Benefit claimed (tick box):

Firearm assault £2,500

Stabbing assault £1,500

Dog Bite £750

Please complete the section overleaf to enable payment direct to your bank account.



Insurance | Risk Management | Consulting

This claim form must be submitted by the Federation office.
By submitting this claim via email to Gallagher, 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.

Assault benefit claim form (continued...)

Please complete the following section to enable benefit payments to be made direct to your nominated bank account:

Bank name and address _____

Branch sort code: _____/_____/_____

Account name: _____

Account number: _____

Gallagher operates under a delegated authority granted by the insurer. This delegated authority pertains to the handling of certain claims on behalf of the insurers.

DATA PRIVACY NOTICE

How do we maintain your privacy?

We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes. Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer.

Our Privacy Notice can be found at <https://www.ajg.com/uk/privacy-policy/>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.



Insurance | Risk Management | Consulting