

Norfolk Police Federation
Serving Officer
Personal Accident 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 via email to: norfolk@polfed.org

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.

Mr / Mrs / Ms / Miss First Name..... Surname.....

Date of birth..... Force no.....

Home address.....

.....Postcode.....

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

Date and place of accident.....

Approx. time.....

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

.....

.....

.....(Continue overleaf if necessary)

Give details of injuries sustained.....

.....

.....(Continue overleaf if necessary)

Were you admitted to hospital overnight? Yes/No (delete as applicable)

Please note: If you are admitted to hospital as a result of your accident you may be entitled to receive hospital benefit (max 7 nights). In these circumstances a hospital benefit claim form should also 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 my accident on.....(date in full)

I was absent from duty from.....(date in full)

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

Signature.....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.

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

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.

Norfolk Police Federation
Personal Accident 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.