Claim Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

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LEGAL PROTECTION

POLICE FEDERATION - LEGAL EXPENSES INSURANCE CLAIM FORM
FOR MOTOR PROSECUTION, CRIMINAL DEFENCE & INTERNAL DISCIPLINARY ONLY

Please complete this form and return it to Temple Legal Protection via email: claims@temple-legal.co.uk or post: Commercial Claims Department, Temple Legal Protection Ltd, Ranger House, Walnut Tree Close, Guildford, GU1 4UL

Note:

1. Please do not hesitate to contact us on our claims helpline number 01483 954 089 if you require any assistance when completing this form or would like to further discuss your claim.
2. You must not delay in returning the form as there are often strict time limits that apply and any delay could prejudice the position
3. Until the claim is accepted there is no cover for any legal fees incurred by the Member.
4. The Member's claim cannot be accepted until this form is returned and assessed.
5. **Please forward a copy of the Member's charge sheet/summons with this claim form**

Only legal fees incurred with our specific prior consent will be covered under this insurance.

1. Member Details

a) Name

b) Address

c) Telephone Number

d) Email

e) Badge Number

f) Police Force

g) Federation Representative

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2. Claimant Details

a) Claimant Name

b) Address

c) Telephone Number

d) Email

e) Relationship to Member

f) Date of Birth

g) Has the Claimant sought advice, or instructed a firm of solicitors about this problem?

☐ Yes ☐ No

If 'yes', please provide the details

h) Does the Claimant have any other insurance policies which may cover this claim?

☐ Yes ☐ No

If 'yes', please specify

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3. Claim Details

Date of the alleged offence

Date the Claimant first became aware of the problem

3a) Criminal (including Motor Prosecution)

Has the Claimant received a summons/been charged with a Criminal offence/Motor Prosecution?

☐ Yes ☐ No

If 'yes' please provide the:

Date of Hearing

Time of Hearing

Court

(Please provide further details in 3d below)

3b) Interview

Is the interview in relation to an event which might lead to the Claimant being cautioned or charged with a criminal offence?

☐ Yes ☐ No

If 'yes' please complete the following:

Date of Interview

Time of Interview

Location

(Please provide further details in 3d below)

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3c) Internal Disciplinary

Has the Claimant been served papers in relation to a Misconduct Tribunal Panel or a Police Appeals Tribunal?

☐ Yes ☐ No

If 'yes' please forward a copy of the papers with this claim form and provide:

Date of Hearing

Time of Hearing

Location

(Please provide further details in 3d below)

3d) Further details

Please detail as fully as possible the nature of the claim / incident (attach additional sheets if needed).

Also, send us photocopies of any documents/letters that relate to this claim.

Please forward a copy of the following for the type of case this relates to:

- Criminal Investigation – Charge Sheet/Summons
- Motor Prosecution – Charge Sheet/Summons, Driving License, Car Tax & MOT, Proof of insurance (these should cover the period of the alleged incident taking place)
- Internal Disciplinary – Regulation notices (or equivalent)

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Data Protection Act

Any information provided by you will be held by Temple Legal Protection Limited and used by them and / or the underwriters who provide the insurance cover for underwriting, claims processing, claims management and fraud prevention purposes, all subject to the provisions of the Data Protection Act 1998.

Declaration

I / We declare that the above information is, to the best of my / our knowledge and belief, correct. I / We therefore request indemnity in accordance with the terms of the policy.

Signed

Date

Validation Details (to be completed by the Federation Branch Board Only)

a) Name of person Validating

Amanda Salt / Nicola Richards

b) Inception Date of Policy

01/10/2026

c) Expiry Date of Policy

31/10/2027

d) Any other relevant details

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