

**CRIMINAL COURT AWARD COMPENSATION**  
**CLAIM FORM**

A claim may be submitted if, following an assault, compensation you have been awarded by a court has not been paid within six months from the date of the award. Claims will be considered up to 24 months from the date of the court hearing.

All claims will be paid in accordance with the policy terms, conditions and limits (see policy for full details)

Please return this form to: - Surrey Police Federation Office, Federation House, Highbury Drive Leatherhead, Surrey, KT22 7UY or email: [admin@surrey.polfed.org](mailto:admin@surrey.polfed.org)

**PLEASE COMPLETE THE FOLLOWING: -**

**Serving / Police Staff \* (\*Delete as applicable)**

I \_\_\_\_\_ hereby certify that on: -

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date)

At \_\_\_\_\_ \*Magistrates / Crown Court

I was awarded compensation to the amount of £ \_\_\_\_\_

Against \_\_\_\_\_ (defendant)

in respect of the offence of \_\_\_\_\_

To date I have received \*no / part payment of £ \_\_\_\_\_

**\*Please delete as appropriate**

I therefore wish to claim the sum of £ \_\_\_\_\_

**(Amount of unpaid compensation awarded or £500 whichever is the lowest amount)**

I enclose a letter from the court confirming the amount of compensation awarded and I understand that if I receive any further reimbursements from the defendant I will repay such amounts to Philip Williams & Co.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Collar / Staff no: \_\_\_\_\_ Rank: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Tel No: \_\_\_\_\_

**BANK DETAILS:**

When your payment has been approved we will make the payment to you directly to your bank account.

Name and Address of your bank: \_\_\_\_\_ Branch Sort Code: \_\_\_\_\_  
\_\_\_\_\_  
Account Number: \_\_\_\_\_  
\_\_\_\_\_  
\*\*Account Name(s): \_\_\_\_\_  
\_\_\_\_\_

**\*\*Please ensure you provide us with the exact account name as it appears on your bank account. Failure to do so will result in a delay in us processing your payment.**

**To be completed by the Federation office:**

I confirm the above named person is a member of the Insurance Scheme.

Date of joining scheme: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed: \_\_\_\_\_ (For the JBB Secretary)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DATA PROTECTION NOTICE**

Philip Williams (G Ins) Management Ltd collects and uses your data in accordance with current data protection law (which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679)) ("data protection law"). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams (G Ins) Management Ltd using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at <https://www.philipwilliams.co.uk>

**Privacy Notice**

**Please Note:** Our Privacy Notice can be viewed on our website at [www.philipwilliams.co.uk](http://www.philipwilliams.co.uk)  
A hard copy can be provided upon request.