

POLICE FEDERATION GROUP PERSONAL ACCIDENT INSURANCE NOTICE OF ACCIDENT CLAIM

The following instructions should be carefully read and followed completely in relation to the completion of all claims under the Group Personal Accident Scheme arranged by the Police Federation. They are as follows:

1. It is essential to comply with the policy condition that all accidents or medical retirements which could lead to a claim, should be submitted by forwarding Part A of this claim form at the earliest opportunity. The policy condition stipulates submission of claims within 30 days of the incident, and you are asked to comply with this as far as possible. (Late submission is generally acceptable within a reasonable period of time, but the underwriter reserves the right to a full explanation, and possible non-acceptance of the claim. It is therefore in your interests to submit at an early date). Part B should be retained by yourself until return to work.
2. When completing Part A of the form you may be able to insert both the starting and finishing date of your claim. On the other hand you may still be disabled when completing the form, and it is therefore necessary for you to show the starting date and where it requests the finishing date you should write "still non-effective". This shows the under-writers that you are still disabled, and that further information can be expected.
3. Once you have completed your full period of disablement you must contact the Federation Office and submit Part B of this claim form.
4. Where the period of absence is likely to reach or exceed 6 months, you may be requested to provide an update of your condition. In this case a supplementary form will be sent to you for completion.
5. If you wish to apply for an interim settlement this should be done in writing to the Joint Branch Board Secretary at the Federation Office.

NB The supply of final details of an incomplete claim is entirely the responsibility of the claimant. It is important therefore that all claimants follow these procedures completely.

DATA PROTECTION

The information that you and your medical representative have provided in the claim form and Doctor's Statement is 'sensitive data' as defined by the Data Protection Act 1988. Sensitive data includes any information about your physical and mental health. We require your consent before we can process this or any other such sensitive data that you may have already provided us with or may do so in the future.

In order to administer your claim, this information will be used by ACE European Group Limited and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for under-writing, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

B. On completion of the Claim Form below, retain this portion if no terminating date is shown on the Claim Form.

Name of Federation

Division Rank No.

Name Date of Birth

Address Postcode

I refer to claim previously intimated and wish to advise you of my final return to light/full-time duties on

Signed..... Date

For Official Use Only	
Batch No.	Claim No.

A. CLAIM FORM - COMPLETE AND RETAIN ABOVE SECTION - This section should be returned to the Federation Office without delay.

Name of Federation

Division (where applicable) Rank No.

Name Date of Birth

Address Postcode

Date of Accident.....

I have been absent from duty for the following period days, commencing

terminating..... *If no termination date yet applicable - retain section 'B' above and remit on conclusion of disablement period.*

due to (please state nature of injuries)

.....

.....

which were caused by

..... On Duty/Off Duty (delete as appropriate)

Have you suffered this or any similar injuries previously Yes/No. If yes please provide full details on a separate sheet.

Signed Date

To be completed at the Federation Office. I certify that the claimant is a member of the scheme.

Signed Date

