

Claim Form

Personal Accident Notification Claim Form



THIS SECTION OF THE CLAIM FORM IS FOR YOU TO RETAIN

If you have sustained an injury which may be covered under your policy, please complete and return the attached form without delay to enable us to consider your claim. Kindly note that any delay may prejudice our position resulting in us being unable to consider your claim.

For Group Policies, Sections A to C can be completed by either the Policyholder (Cleveland Police Federation JBB) or the Insured Person; however both parties must thoroughly check the contents of the form and sign the relevant declaration.

CUSTOMER SERVICE CHARTER

We aim to provide:

- A high quality, efficient and helpful service.
- A swift and courteous response to all claim forms, associated documentation or correspondence sent to Aviva.
- Prompt payment in respect of valid claims following their authorisation.
- A speedy indication if a claim cannot be met until further information is received.
- Up to date information on the current position of your claim if it cannot be paid quickly.

FRAUD PREVENTION AND DETECTION

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Undertake credit searches and additional fraud searches;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

We and other organisations may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.

We can supply on request further details of the database we access or contribute to.

In assessing any claims made, the insurer or its agents may undertake checks against publicly available information such as electoral roll, county court judgments, bankruptcy orders or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

SENSITIVE DATA

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). Proceeding with this application you will signify your consent to such information being processed by the insurer or its agents or the Policyholder (Cleveland Police Federation JBB).

FAO

GPA Claims Department
4th Floor, The Observatory,
Chapel Walks,
Manchester M2 1HL
Tel: 0800 051 6583
Fax: 0161 931 8008
Email: gpaclaims@aviva.com

PLEASE WRITE IN BLACK INK AND USE BLOCK CAPITAL LETTERS.
ALL SECTIONS MUST BE COMPLETED OR MARKED 'NOT APPLICABLE'.

SECTION A – POLICYHOLDER/CLAIMANT DETAILS

Name of Policyholder CLEVELAND POLICE FEDERATION JBB	Policy No. 25110263ECA
CLAIMANT DETAILS	
Title	Division
First Name	Rank
Last Name	Date of Birth (DD/MM/YYYY)
Full Address	
Postcode	Collar No

SECTION B – PERSONAL ACCIDENT

Please give exact date and time of the Accident:

Date: ____ / ____ / ____

Time: _____ AM/PM

On or Off Duty (delete as appropriate)

Date absence commenced _____

Where did the accident occur?

Please provide a full description of the accident:-

What injuries did you sustain?

Have you ever had any previous medical condition relating to this body part?

YES

NO

If YES, please give details:

SECTION C - HOSPITALISATION

Were you admitted to hospital as an in-patient?

Date of admission: ____/____/____

Time of admission: _____ am/pm

Date of discharge: ____/____/____

Time of discharge: _____ am/pm

Name of Hospital, address and ward:

Name of Consultant

FRAUD WARNING

The submission of a fraudulent or intentionally exaggerated claim or the submission of false documentation or declaration in relation to part of or the whole claim – may result in voidance of your policy or refusal of your entire claim.

PAYEE'S BANK DETAILS

If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your Bank/Building Society: _____

Address: _____

Postcode: _____

Bank Sort Code:

--	--	--	--	--	--	--

Account Number: _____

Name of Account Holder(s): _____

DATA PROTECTION

Information You or the Insured Person supplied may be used for the purposes of insurance administration by Us, its associated companies and agents, by reinsurers, Your intermediary and the Policyholder (Cleveland Police Federation JBB). It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing of Our compliance with any regulatory rules/codes. Your and the Insured Person(s) information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, We or Our agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers or the Policyholder (Cleveland Police Federation JBB) either directly or via those acting for Us (such as loss adjusters or investigators).

With limited exceptions, and on payment of the appropriate fee, You or the Insured Person have the right to access and if necessary rectify information held.

CLAIMANT DECLARATION

I declare the above particulars to be true and complete in every respect and that no material information has been withheld.

SIGNED _____

DATE _____

TO BE COMPLETED AT THE FEDERATION OFFICE Where possible please endorse with official stamp

I certify that the claimant is a member of the Scheme.

USE OFFICIAL STAMP

SIGNED _____

DATE _____

Claim Form



Personal Accident – Return To Work Form

FAO

GPA Claims Department
4th Floor, The Observatory,
Chapel Walks,
Manchester M2 1HL
Tel: 0800 051 6583
Fax: 0161 931 8008
Email: gpaclaims@aviva.com

PLEASE WRITE IN BLACK INK AND USE BLOCK CAPITAL LETTERS.
ALL SECTIONS MUST BE COMPLETED OR MARKED 'NOT APPLICABLE'.

POLICYHOLDER/CLAIMANT DETAILS

Name of Policyholder CLEVELAND POLICE FEDERATION JBB	Policy No. 25110263ECA
CLAIMANT DETAILS	
Title	Division
First Name	Rank
Last Name	Date of Birth (DD/MM/YYYY)
Full Address	
Postcode	Collar No

I confirm I have returned to light/full time duties on

CLAIMANT DECLARATION

I declare that the information given is to the best of my knowledge and belief, true and correct.

SIGNED

DATE

TO BE COMPLETED AT THE FEDERATION OFFICE Where possible please endorse with official stamp

USE OFFICIAL STAMP

SIGNED

DATE