

Claim Form



Personal Accident – Return To Work Form

FAO
GPA Claims Department
2 – 10 Albert Square
Manchester
M60 8AD
Tel: 0800 051 6583
Fax: 0161 931 8024
Email: gpaclaims@aviva.co.uk

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

SIGNED

DATE

USE OFFICIAL STAMP