

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.

Please complete this form and return it to: - schemes@philipwilliams.co.uk

PLEASE COMPLETE THE FOLLOWING: -

Serving / Police Staff / Special Constable* (*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 _____

Warrant no: _____ Rank: _____ Station: _____

Home Address: _____

_____ Postcode: _____

Email: _____

Tel No: _____

When your claim has been approved the payment will be credited direct to your bank account. Please complete the following details:-

Payee's Bank Details: -

Name of your Bank/Building Society: _____

Bank Address: _____

_____ Postcode: _____

Bank Sort Code: _____

Account Number: _____

Account Name(s): _____

Signed: _____

Dated: _____

TO BE COMPLETED BY A TRUSTEE OF THE SCHEME:

I certify that the claimant is a member of the Scheme and that the claim details are correct.

Date of Joining Scheme:- ____/____/____

Signed: _____ Date: _____

Name: _____