



Claim Form – Police Federation Legal Expenses

Please note that the Insurers will not pay for fees, expenses, or costs incurred by you before they have agreed to accept the claim.

Section 1 Personal Information

Name of Federation: _____ Collar or Registered Number: _____

Name of Federation Member: _____ Date of Birth of Federation Member: ____/____/____

Name of Insurance Intermediary who provided the Policy: _____

Name of Person Claiming: _____ Date of Birth of Person Claiming: ____/____/____

Occupation/Business of Person Claiming: _____

Address: _____

Postcode: _____

Contact Telephone Numbers - Landline: _____ Mobile: _____

Personal Email Address: _____

How do you prefer to be contacted? _____

Relationship to Federation Member: _____

Do you have any other insurance policies which may cover this claim - e.g. household or motor legal expenses insurance? Yes No

Section 2 Initial Details

Please describe fully with dates, the disputes/incident and sequence of events (please continue on separate paper): _____

If a sum of money is in dispute, what is the sum involved? £ _____

Name of the person(s)/company who is acting against you in the dispute/incident: _____

Address of the person(s)/company who is acting against you in the dispute/incident: _____

Postcode: _____

Section 3 – Personal Loss

How were you first aware of the incident giving rise to the claim? _____

_____ When were you first aware of the incident giving rise to the claim? ____/____/____

Date you reported the details to the Claims Helpline: ____/____/____ How were you first aware of possible legal action? _____

_____ When were you first aware of possible legal action? ____/____/____

What outcome do you hope to achieve in this matter? _____

Have you seen a solicitor in relation to this matter? Yes No If yes, please provide the name of the firm: _____

Address: _____

_____ Postcode: _____

Date solicitor was contacted: ____/____/____ Summary of action taken to date: _____

Section 4 – Documentation

Please see the attached Checklist relating to the documents that we require you to submit with this Claim Form. Please note that this is not exhaustive and you should attach all correspondence and documents in your possession relating to this claim.

This Claim Form, the Checklist, and accompanying documentation should be sent to:

Claims Department, Legal Insurance Management Ltd, 1 Hagley Court North, The Waterfront, Brierley Hill, West Midlands DY5 1XF

Or emailed to:

claims@legalim.co.uk

Declaration

It is your legal duty to tell us now about any material facts which might influence us in the acceptance or assessment of your claim. If you are in any doubt as to what constitutes a material fact you must tell us in writing immediately. If you fail to comply your claim may be invalidated.

I/We declare that no material fact has been suppressed, misrepresented, or misstated, and that the above statements have been read over, checked, and found to be correct.

I was/We were not aware at the date of inception or renewal of the policy that this claim, the details of which are set out on this form, could arise.

Signature of Claimant: _____

Date: ____/____/____