

ON DUTY ASSAULT BENEFIT CLAIM FORM

Serving Officer

Police Staff

This benefit is payable where a member, whilst on police duty, suffers an assault with a firearm, knife or other sharp instrument which results in actual physical injury which renders the member unfit for duty for a period of 14 consecutive days or more (see policy for full terms, conditions and limits).

Please complete this form and return it to: - **Humberside Police Federation, 1a Redland Drive, Kirk Ella, East Yorkshire, HU10 7UE**

Claimant details

Full Name: _____

Rank: _____ Number: _____

Date of Birth _____

Home Address: _____

Postcode: _____

Email Address: _____

Telephone Number: _____

Name of Police Federation: _____

Claim details

Date and details of accident: _____

Assaulted with a firearm, knife or other (please specify): _____

Suffering from: _____

Absence Commenced: _____ Returned to duty on: _____

Total absence: _____ Days (**must be 3 consecutive days or more**)

Member Declaration

I declare that the above statements are true and complete.

Signed: _____ Date: _____

Senior Officer Declaration

I declare that the above statements are true and complete.

Incident Reference: _____

Signed: _____ Date: _____

Name: _____

Rank: _____ Force Number: _____

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: _____

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: _____

Account Name(s): _____

Bank Sort Code: _____

Account Number: _____

Signed: _____ Date: _____