Humberside Police Federation

Notification of Claim form – Personal Accident

Policy Number: _____

Name: _____

Address: _____

_____

Postcode: _____

Telephone No: Home: _____ Work: _____

Area: _____ Dept: _____ Collar/Staff _____

Date of Accident: _____

Date returned to work: _____ If you have not returned to work still complete the form and leave this date empty

Date ceased working: _____

Hospitalisation Benefit

Date and time admitted to hospital: _____ Time _____

Date and time discharged from hospital: _____ Time _____

Nature of injuries and how accident occurred: Date of Injury: _____

_____

_____

Have you claimed for this injury before? YES/NO

If YES, when? _____

Declaration

I declare that the statements made on this form are accurate and complete to the best of my knowledge. I agree to authorise any doctor whom I have consulted to furnish AVIVA with any information concerning my past physical or mental health and my present condition

Signature: _____ Date: _____

_____

Please return to
Police Mutual
5th Floor
20 Chapel Street
Liverpool L3 9AG

Together with a copy of your hospital discharge letter which supports this stay in hospital.

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