

LANCASHIRE POLICE FEDERATION

NOTIFICATION OF CLAIM FORM - PERSONAL ACCIDENT

POLICY NUMBER: _____

Name: _____

Address: _____

Postcode: _____

Telephone Number Home: _____

Work: _____

HOSPITALISATION BENEFIT

Date and time admitted to hospital _____

Date and time discharged from hospital _____

Was your stay in hospital?

Planned

Unplanned

Please state reason for hospital admittance: _____

Have you claimed for this injury before:

Yes

No

If so, when? _____

DECLARATION

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

Signature: _____

Date: _____

TO BE COMPLETED BY FEDERATION

I certify that the claimant is a member of the Scheme. I certify that I have checked the information above and that it is correct.

Signature: _____

Date: _____

Name: _____