

Surrey Police Federation Assault Benefit Claim Form

This benefit is payable where a Benefit Participant whilst on police duty suffers an assault with firearm, crossbow, knife or bladed or pointed instrument which results in actual physical injury which renders the Benefit Participant unfit for duty for a period of 14 consecutive days or more.

A payment of £1,500 for assault with a firearm or £750 otherwise.

Should you have any queries then please contact us on 0151 242 7648

PERSONAL DETAILS

Serving Officer Student Officer Police Staff

Full Name:

Rank:

Fin Number:

Division:

Section / Dept:

Home Address:

Postcode:

Email:

Telephone Number:

Date of Birth: / /

CLAIM DETAILS

Date of Accident: / /

Details of Accident:

Weapon of Assault:

Injuries Description:

Absence Commenced: / / Returned to Duty on: / /

Total Absence: Days
(must be 14 consecutive days or more)

DECLARATION

I declare that the above statements are true and complete.

Signed:

Date: / /

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BANK DETAILS

When your payment has been approved we will make the payment to you directly to your bank account. Please complete the following:

Name and Address of your bank:

Branch Sort Code:

Account Number:

Account Name(s):

SENIOR OFFICER DECLARATION

I declare that the above statements are true and complete.

Incident Reference:

Signed:

Date: / /

Name (block capitals):

Rank:

Fin Number:

TRUSTEE DECLARATION

I certify that the details stated above are correct and that the claimant is a subscribing member of the **Surrey Police Insurance Scheme** and submit this claim on behalf of the Trustees.

Signed:

Date: / /

Name:

Once completed please return to:

Surrey Police, Police Federation Office, Police HQ, 13 Munstead View, Mount Browne, Guildford, Surrey, GU3 1HG.