

## Surrey Police Federation Dental claim form

You may be entitled to benefit if you have had: An accidental dental injury, or been an inpatient for dental treatment under the care of a dental or maxillo facial consultant, or received emergency dental treatment. You should refer to your Summary of Cover for full details of scheme benefits you may be able to claim for along with the terms and conditions that apply.

It is essential that you give notice of any potential claim as soon as possible and in any case within 6 months of the date of the accident/injury.

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

### 1: Personal Details

Full Name:

Address inc postcode e :

Mobile:

Email:

Date of Birth: / /

Rank:

Fin no:

### 2: Claim Details:

Date incident occurred:

Where did the incident occur?

Please describe how the dental injury occurred or the reason for the emergency treatment:

Name and address of Dentist:

### 3: Hospitalisation Claims

Please Note:

a. You must have been in hospital under the care of a dental or maxillo facial consultant for at least 24 hours to make a claim under this section of the policy.

b. You need to supply an 'In Hospital Certificate'.

During what period were you confined to hospital?

From: Date: Time:

To: Date: Time:

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### 4: To be completed by Dental Surgery for all emergency dental claims

I confirm that treatment provided on \_\_\_\_\_ was solely for emergency dental treatment.

Full Name \_\_\_\_\_ Surgery Stamp: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### 5: Declaration

I declare:

- I confirm I am a subscribing member of my Police Federation Group Insurance Scheme
- I have completed this claim form as fully and accurately as possible.

Signature of claimant: \_\_\_\_\_

Date:        /        /

### 6: Payment of your claim

Payment will be made direct into your bank account and confirmation of the payment will be sent to you. Please provide the following information.

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Name of your bank \_\_\_\_\_ Account Name  
Á  
Á  
Bank sort code                    -        -        Account Number  
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**Please return the completed form with evidence of the costs incurred to**

Police Mutual, 5th Floor, 20 Chapel Street, Liverpool, L3 9AG