



Dear Member,

I am sorry to hear that you have been off work due to an injury. Below are a few notes that may help in the completion of the Group Insurance Forms.

- The Group Insurance is an Accident Insurance, and pays benefits for up to 104 weeks from the date of the original injury. Whilst the Insurance is designed to pay out at the completion of sickness, on your request an INTERIM payment can be made, usually on a three monthly basis.
- Two forms are required to complete a claim, the INS1 and INS3. The claimant submits the INS1, which is the basic claim form. The officers Federation Representative or officers Line Manager certifies on the second form, the INS3, which is a Certificate of the dates that due to injury, the officer was away from duty, and the date and type of injury received. A copy of your 'Injury at Work' form would be useful.

Please be accurate with the information of the Claims Forms. It would help those Who distribute post or despatch at your place of work, to include First Name, Divisional Number or Sector Base etc, so please show those details. Any useful information will help your cheque to arrive safely. If you wish for the cheque to be sent to your home address, a stamped address envelope would be useful. The GIS provides excellent value for money and costs are kept to a minimum. Normally correspondence will be sent by using Internal Despatch, and where possible telephone calls will be made using the Met phone network. Please take a little time in completing the forms and be patient waiting for your cheque. Claims are dealt with in strict rotation, making further enquiry normally unnecessary.

Yours Sincerely

Group Insurance Claims Manager

# PERSONAL ACCIDENT CLAIM FORM

<b>Claim Number/s</b>
<b>PF</b>

<b>ACK</b>
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This form should be completed in block capitals by you and returned to your **Federation Representative** or **Officers Line Manager** upon return to work or at 3 month intervals for interim payments to be made in long term absences

**FORM  
INS 1**

RANK	WARRANT NO.	FIRST NAME	SURNAME
SEX M F	DATE OF BIRTH / /19	STATION / BRANCH	DATE OF JOINING FORCE

HOME ADDRESS	POST CODE:				TEL No:
					MOB No:
WHEN AND WHERE THE ACCIDENT HAPPENED	DATE:	PLACE:	TIME:		
GIVE A FULL DESCRIPTION OF HOW THE ACCIDENT OCCURED					
DID INCAPACITY COMMENCE IMMEDIATELY?	YES/NO	IF NO, GIVE TIME AND DATE OF COMMENCEMENT	TIME:	DATE:	
TAKEN TO HOSPITAL STRAIGHT FROM ACCIDENT?	YES/NO	DETAINED OVERNIGHT? YES/NO	TIME:	DATE:	
DETAILS OF THE INJURIES RECEIVED					

MEDICAL CERTIFICATES should be produced to the Police Authority in the usual manner. MEDICAL REPORT Underwriters may subsequently require the claimant to supply at his/her own expense a report from his/her Doctor

**DECLARATION**

I, THE UNDERSIGNED, HEREBY DECLARE THAT I AN A SUBSCRIBING MEMBER TO THE ABOVE SCHEME AND TO THE BEST OF MY KNOWLEDGE THE ABOVE STATEMENTS ARE TRUE IN EVERY RESPECT AND ARE MADE WITHOUT RESERVATION.

DATE ..... SIGNED .....

TYPE	PAYMENT TO BORDEREAUX	PAYMENTS ON ACCOUNT	DATE PAID	FINAL PAYMENT
FOR OFFICE USE				

# GROUP INSURANCE SCHEME

This form should be completed and signed by the Claimant's Federation Representative or Officers Line Manager & forwarded to:

The Group Insurance Manager, Metropolitan Police Federation  
York House, 2 Elmfield Park, Bromley, Kent, BR1 1LU

(or via internal despatch to Police Federation, York House, Bromley)

Claim Number/s

PF

GB

## CERTIFICATE

FORM INS 3	RANK	WARRANT NO.	INITIAL	NAME	STATION /BRANCH
	DATE OF ACCIDENT	CODE	INJURY		

### TO BE COMPLETED BY A FEDERATION REPRESENTATIVE OR OFFICERS LINE MANAGER

NAME (BLOCK LETTERS) \_\_\_\_\_

RANK/GRADE \_\_\_\_\_ STATION/BRANCH \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

CERTIFIED CORRECT

I CERTIFY THAT THE ABOVE OFFICER HAS BEEN OFF DUTY FROM (date in full) \_\_\_\_\_  
(the date shown here should be the first complete day of absence from duty)

THE OFFICER WAS DECLARED FIT TO RESUME DUTY ON (date in full) \_\_\_\_\_

I HAVE INSPECTED THE MEDICAL CERTIFICATES/POLICE SICKNESS  
RECORD COVERING THE WHOLE OF THIS PERIOD

SIGNED \_\_\_\_\_ (FEDERATION REPRESENTATIVE/OFFICERS LINE MANAGER)

DATE \_\_\_\_\_

FOR OFFICIAL USE ONLY