

POLICE FEDERATION
 METROPOLITAN and CITY of LONDON POLICE FORCES
GROUP INSURANCE SCHEME

This form should be completed and signed by the Claimant's Federation Representative or Personnel Officer & 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	

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/PERSONNEL OFFICER)

NAME (BLOCK LETTERS) _____

RANK/GRADE _____ STATION/BRANCH _____

DATE _____

FOR OFFICIAL USE ONLY
