

POLICE FEDERATION MEMBERS LEGAL EXPENSES INSURANCE CLAIM FORM

Please complete this claim form in **BLACK INK** and return it as quickly as possible to:-

claims@arclegal.co.uk

Alternatively you can post your form to Arc Legal Assistance, PO BOX 8921, Colchester, CO4 5YD.

IMPORTANT NOTES ABOUT THE COMPLETION OF YOUR CLAIM FORM

1. **REMEMBER to include your Warrant Number, Name of Federation and Legal Helpline Reference Number.** These fields are mandatory and marked with a *
2. You must not delay in returning the form as there are often strict time limits that apply and any delay could prejudice your position
3. Until your claim is accepted there is no cover for any legal fees incurred by you
4. Your claim cannot be accepted until this form is returned and assessed
5. Your claim form must be completed in **BLACK INK**

Only legal fees incurred with our specific prior consent will be covered under this insurance.

SECTION 1 – YOUR DETAILS

Your Name:

Address:

Contact Details:

Day Time:

Evening:

Mobile:

Email:

Warrant Number*:

Name of Federation*:

Legal Helpline Reference*:

Have you sought advice, or instructed another firm of solicitors about this problem? If so, please provide the details:

Do you have any other insurance policies which may cover this claim? If so, please specify:

SECTION 2 – COMPLETE THIS SECTION IF YOUR CLAIM RELATES TO A PERSONAL INJURY. If it does not, go to section 3.

Date of the accident or date when you first became aware of the problem:

Who is your claim against?:

Name:
Address:

NOW GO TO SECTION 5 OF THE CLAIM FORM.

SECTION 3 – COMPLETE THIS SECTION IF YOUR CLAIM RELATES TO AN EMPLOYMENT MATTER. If not, go to section 4.

Please state the nature of the complaint e.g. unfair dismissal:

Name & Address of Employer/ee:

Name:
Address:

Are they:

Private Individual	Limited Company	Partnership	Sole Trader
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Position with Employer/ee and Job Title:

Nature of Responsibilities:

Salary:

Gross: Monthly: Weekly:
Net: Monthly: Weekly:

Normal working hours:

SECTION 3 – EMPLOYMENT MATTER - Cont.

Other Benefits:

Bonus / Commissions:

Date employment commenced:

Date employment ended:

Last date work attended:

Efforts to mitigate loss, i.e., has there been an attempt to obtain further employment and, if so, where? If not, what efforts have been made to do so?:

YES

NO

Have legal proceedings been commenced?:

If so, when did proceedings commence?
Please give details of tribunal / court:

Documentary Evidence:

Do you have any of the following to support your claim?:

- | | | |
|----|-----------------------------------------------------------------|-----------------|
| a) | Contract of employment/statement of terms and conditions | YES / NO |
| b) | Correspondence from your employer/ee relating to this complaint | YES / NO |
| c) | Correspondence to your employer/ee relating to this complaint | YES / NO |
| d) | Details of any proceedings issued i.e. IT1 | YES / NO |

If you have answered **YES** to any of the above, please enclose a copy with this form.

NOW GO TO SECTION 5 OF THE CLAIM FORM.

SECTION 4 – COMPLETE THIS SECTION IF YOUR CLAIM RELATES TO ANY OTHER MATTER

Date when you first became aware of the problem / incident giving rise to the claim:

Who is your claim against?:

Name:
Address:

Are they:

Private Individual	Limited Company	Partnership	Sole Trader
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What steps have you taken to minimise the likelihood of legal action and/or reduce the amount in dispute?:

If a sum of money is in dispute, what sum is involved?:

What outcome do you hope to achieve by using legal action?:

Are you:

- a) Initiating the legal action?:
- b) Defending the legal action?:
- c) Counter-claiming?:

Have legal proceedings been commenced?:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

NOW GO TO SECTION 5 OF THE CLAIM FORM.

SECTION 5 – ANY OTHER DETAILS & DECLARATION

Please detail as fully as possible the nature of problem / claim / accident (attach additional sheets if needed). Also, send us photocopies of any documents/letters that relate to your problem.

For claims arising from a motor accident, please provide a full description of the accident circumstances, including a detailed diagram.

DATA PROTECTION ACT

Any information provided by you will be held by Arc Legal and used by them and / or the underwriters who provide the insurance cover for underwriting, claims processing, claims management and fraud prevention purposes, all subject to the provisions of the Data Protection Act 1998.

DECLARATION

I / We declare that the above information is, to the best of my / our knowledge and belief, correct. I / We therefore request indemnity in accordance with the terms of the policy.

Signed

Dated

Copy Insurance Schedule Attached: