

Crime and Discipline Claim Form

Addept aim to deal with your claim as quickly as possible. To enable us to do this, please **complete this claim form** and **email it back**, without delay to your **Federation Office**.

The form will then be validated and forwarded to Addept, and the solicitors who will represent you, once your claim is accepted.

IMPORTANT NOTES ABOUT THE COMPLETION OF YOUR CLAIM FORM

1. In misconduct and criminal investigations there are often strict time limits that must be complied with. It is therefore extremely important that you complete this claim form and return it to us as quickly as possible.
2. Please include copies of any written notification that have been received from Professional Standards or other investigating authority e.g. a Regulation 17 Notice, charge sheet or summons etc.
3. Any delay could prejudice your position.
4. There is no cover for any legal fees incurred until your claim is accepted.
5. The claim cannot be accepted until this claim form is returned and assessed by Addept.
6. Only legal fees incurred by Addept's panel solicitors will be covered under this insurance.

Please complete this form with as much details as possible.

Section 1: Member Details	
Member name:	
Address:	
Date of birth:	
Telephone/mobile number:	
Email address:	
Warrant number:	
Name of your federation representative:	
Police force:	

Section 2: Validation Details (To Be Completed by The Federation Office Only)	
Name & Position of person validating this claim:	Name: Position:
Date member joined the federation legal expenses scheme:	
Has member paid their monthly premium continuously since they joined?	Yes / No
If no, when did the payments stop?	

**Section 2: Validation Details Cont.
(To Be Completed by The Federation Office Only)**

Any other relevant information:	
Signed:	
Dated:	

Section 3: Claimant Details (If Different to The Member)

Claimant name:	
Address:	
Date of birth:	
Telephone/mobile number:	
Email address:	
Relationship to member:	

Section 4: Claim Details

<p>Details of the alleged offence / complaint against the claimant, including the date, if known: <u>Continue on a separate sheet if necessary.</u></p>	
Name of the complainant (if known):	
<p>Has the claimant obtained advice or instructed a firm of solicitors about this matter? If yes, please provide details:</p>	Yes/No
<p>Does the claimant have any other insurance policies which may cover this matter? If yes, please provide details:</p>	Yes/No

Section 4a: Interview

<p>Is the claimant to be interviewed about an allegation that might lead to the claimant being cautioned or charged with a criminal offence?</p>	Yes/No
Date and time of interview:	
Venue:	

If the claimant has any documentary evidence to support the claim, including pre-interview disclosure, please attach copies to this claim form

Section 4b: Crime (Including Motoring Offences)

Has the claimant received a summons / been charged with a criminal offence / motor prosecution?	Yes/No
Date and time of hearing:	
Court:	

If the claimant has any documentary evidence to support the claim, including a postal requisition, please attach copies to this claim form

Section 4c: Disciplinary

Has the claimant been served with papers by an investigator setting out why the claimant's conduct is believed to have fallen below professional standards (a Regulation 17 Notice)?	Yes/No
If yes, is the appropriate authority considering the matter to be Gross Misconduct?	Yes/No
Date and time of hearing:	
Venue:	

If the claimant has any documentary evidence to support the claim, including a Regulation 17 Notice, please attach copies to this claim form.

Data Protection

I declare that the information supplied in this form and the documents sent in support of this claim represent a true, complete and honest statement of the facts and that I was not aware these could give rise to a claim at the time of taking out the cover.

Addept Insurance Services Ltd are committed to protecting and respecting your privacy in accordance with the General Data Protection Regulations. Any personal or special category (sensitive) information provided in this claim form or throughout the handling of this claim will only be used in accordance with our privacy statement which can be found at www.addeptgroup.co.uk.

We may need to share your personal or sensitive information with other organisations. We will not disclose your personal or sensitive information for any purpose other than the purpose for which it was collected.

We shall not keep your personal information for any longer than necessary.

I agree that this information can be forwarded to an appropriate third party but solely for the purposes of assisting or dealing with the claim.

I also agree that the third party can disclose to Addept Insurance Services Ltd any information it reasonably requests from them, relating to my claim.

Signed by the claimant:	
Print name:	
Date:	