

**SCOTTISH POLICE FEDERATION
ASSAULT BENEFIT
CLAIM FORM**

Serving Officer

A payment of £1,500 for assault with a firearm, or £750 otherwise.

This benefit is payable where a Benefit Participant whilst on police duty suffers an assault with a firearm, knife or sharp instrument which results in actual physical injury which renders the Benefit Participant unfit for duty for a period of 3 consecutive days or more.

Claimant details:

Full Name: _____

Rank: _____ PSI Number: _____

Division: _____ Section/Dept.: _____

Home Address: _____

_____ Postcode: _____

Email: _____

Telephone Number: _____ Date of Birth : _____

Claim details:

Date and details of accident: _____

Assaulted with a firearm, knife or other (please specify): _____

Suffering from: _____

Absence Commenced: _____ Returned to duty on: _____

Total absence: _____ Days (**must be 3 consecutive days or more**)

Member Declaration:

I declare that the above statements are true and complete.

Signed: _____ Date: _____

BANK DETAILS:

When your payment has been approved we will make the payment to you directly to your bank account. This payment method is both speedier and safer than payment by cheque. Please complete the following:

Name and Address of your bank:	Branch Sort Code: _____
_____	Account Number: _____
_____	Account Name(s): _____

Senior Officer Declaration (Inspector or above):

I declare that the above statements are true and complete.

Incident Reference: _____

Signed : _____ Date: _____

Name (block capitals): _____

Rank: _____ Force Number: _____

Authorised Signatory Declaration:

I certify that the details stated above are correct and that the claimant is a subscribing member of the **Scottish Police Insurance Scheme** and submit this claim on behalf of the Trustees.

Signed: _____ Date: _____

Name: _____

Once completed please return to Scottish Police Federation or your local SPF Office.