



The Fire Brigades Union  
**Accident and Injury Fund**  
**Claim for Disablement Benefit**

Bradley House, 68 Coombe Road, Kingston Upon Thames, Surrey, KT2 7AE  
 Tel: 020 8541 1765 Fax: 020 8546 5187

**IMPORTANT: Prior to submitting a claim, please read the F.B.U. Rule that governs the Accident and Injury Fund.** Special attention should be paid to Time Limits, Definitions, Exclusions, and Claims & Administration.

Except where it would be inappropriate, please use BLOCK CAPITALS for all fields on this form.

**Section 1. Member Details**

Membership No.

Brigade

Surname

Forename(s)

Title  Mr  Mrs  Miss  Ms

Address

Postcode

Telephone No.

Date of Birth  DD  MM  YY

**Section 2. Details of Claim**

**(a) Category of Claim** (Please tick as appropriate)

- i) Off-duty incident  If you are claiming for an off-duty incident, please refer to the rule which governs the A.I.F. Benefits are not currently paid for the first six months of sickness, except where sick pay has been reduced. Please note that the Rule lists exclusions, such as injuries sustained whilst playing sports.
- ii) On-duty incident  **Firefighting (Y/N)**  **Emergency Special Services (Y/N)**
- iii) Illness/Disease
- iv) Permanent disablement  If claiming for Permanent Disablement, please go on to section 2(f)

**(b) First day of sick-leave in relation to this claim**

Date  DD  MM  YY

If claiming because of an incident, please provide details below, otherwise please go on to section 2(f).

**(c) Date and approximate Time of incident**

Date  DD  MM  YY  Time  HH  MM  AM  PM

**(d) Location**

Where did the incident occur? .....



