

**Armed Forces Compensation Scheme**

# Claim form

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**This form should be completed if you want to make a claim under the Armed Forces Compensation Scheme.**

**You must be serving or have served in HM Forces (including Reserve Forces, TA or Brigade of Gurkhas) on or after 6<sup>th</sup> April 2005.**

**The illness or injury you are claiming must have been caused by your service on or after this date.**

**For further details contact:**

**Service Personnel and Veterans Agency  
Norcross  
Thornton-Cleveleys  
Lancashire  
FY5 3WP  
England**

**Telephone: 0800 169 2277  
Textphone Freeline UK: 0800 169 3458  
Overseas Helpline: 00 44 1253 866043**

**[veterans.help@spva.gsi.gov.uk](mailto:veterans.help@spva.gsi.gov.uk)  
[www.veterans-uk.info](http://www.veterans-uk.info)**

Reference No.

## Part 1 Personal Details

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1 Full name

Rank/Mr/Mrs/Miss/Ms/Dr/Rev/Other

2 Contact address  
(Please remember to tell us if  
this address changes)

Postcode:

3 Date of birth

4 National Insurance number

5 Contact telephone numbers

Home

Work

Mobile

6 E-mail address

7 Which Armed Forces  
Pension Scheme are you a  
member of?

Armed Forces Pension Scheme 1975

Armed Forces Pension Scheme 2005

Reserve Forces Pension Scheme

## Part 2 Service details

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1 Name in service  
(if different to Part 1)

2 Service number

3 PUID (Personal Unique  
Identification)

4 Service branch  
(Army, RAF, RN or RM)

5 Service type (Regular,  
Reservist, TA or Gurkha)

6 Current Rank if serving or  
Rank on Discharge

We need to know the dates  
of the period of service when  
your illness or injury was  
caused. If you have further  
periods of service, please  
list these on a separate  
sheet.

7 Date of enlistment

8 Date of discharge  
(if appropriate)

9 Reason for discharge  
(if appropriate)

10 Current Regiment/Ship/  
Unit/Squadron or last Unit  
on discharge

### For Reservists and TA only

11 Please tell us your current annual civilian salary if it is  
greater than your annual basic military pay

£

12 If you are a reservist you should enclose details of any employers or personal pension  
scheme benefits you will receive as a consequence of your injury or illness. If you do  
not have the information now, please send it to us as soon as possible.

**You can claim for illness or injuries you think were caused by your service in HM Forces on or after 6<sup>th</sup> April 2005.**

**If you need help completing this section, please contact our Helpline on 0800 169 2277.**

**Any payment you may receive takes into account the severity of the illness or injury you are claiming. To make sure we have the complete picture we need details of the treatment you received at the time, along with details of further treatment you may have had.**

- 1 Please tell us about the injury or illness you are claiming for.**  
**Include as much detail as possible, such as the total area a wound or injury covers,**  
**If only one side of your body is affected please tell us whether it is the left or right side.**

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- 2 What date did the injury occur or when did you first notice symptoms of illness?**

When answering questions 3 & 4, indicate if you completed MoD form 510, or reported the incident to relevant Fleet, the Army or RAF Incident Notification Cell.

**3 If you are claiming for an injury, tell us what you were doing at the time you were injured, which unit you were serving with and who you reported the injury to.**

If it was the result of a **road traffic accident** tell us the details and reason for your journey, the route you took and details of any police involvement.

If it was the result of a **sporting activity**, give details of the sporting activity or adventure training or physical training activity and whether it was authorised.

**4 If you are claiming for an illness tell us why you think it was caused by your service and which unit you were serving with. If exposed to a hazardous substance, who did you report the incident to?**

This could be due to your trade, duties, training, any other physical activities, or due to exposure to chemical, biological or hazardous substances.

**5 What date did you first seek medical attention?**

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**6 Who did you first seek medical attention from?**

Name:

Address:

Postcode:

Contact telephone number:

E-mail address:

**7 What medical diagnosis were you given? (Please be specific)**

**8 Which medical practitioner gave the diagnosis? (By this we mean your MO, GP, Hospital or other practitioner.)**

Name:

Address:

Postcode:

Contact telephone number:

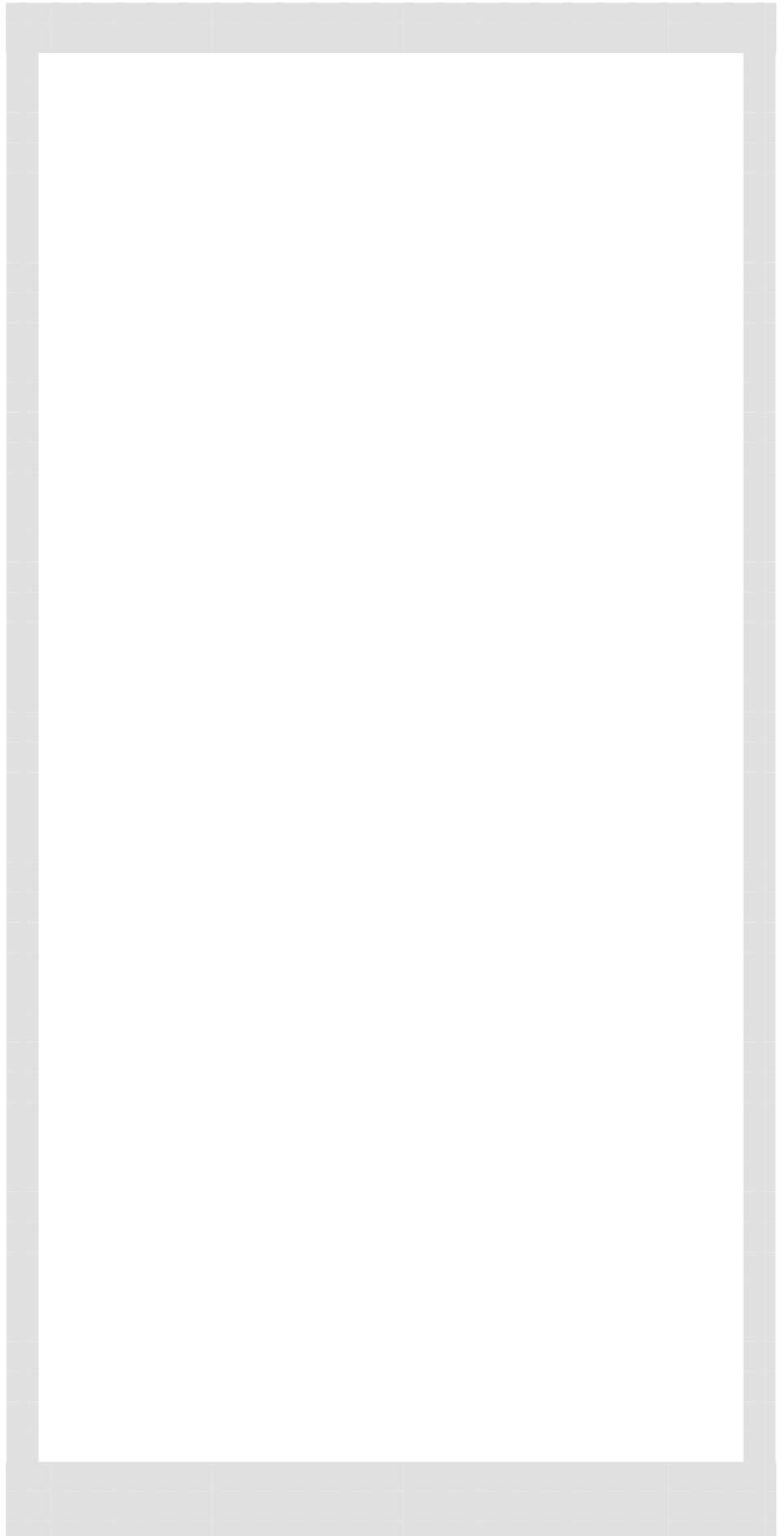
E-mail address:

**9 Please give details of any hospital treatment you have received for your illness or injury**

**You should include:  
(in date order)**

- **dates of treatment**
- **full addresses of the civilian or military hospitals, clinics or surgeries and any relevant reference numbers**
- **the name of the doctor in charge of your case**

(continue on a separate sheet if needed)



**10 Are you still receiving treatment? Please tell us what the treatment is, where it is being carried out and who is treating you (by this we mean your MO, GP, hospital or other practitioner)**

**11 Please describe how your illness or injury is affecting you now and tell us the prognosis you were given for how your condition would develop from when you were diagnosed until now.**

**12 If your current MO or GP is different to the one you first reported this illness or injury to, please give their contact details**

**13 If you were downgraded please supply the date, category and length of downgrading and indicate if you are still downgraded.**

<b>Name:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Contact telephone number:</b>
<b>E-mail address:</b>

## Part 4 Other compensation

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The law does not allow for people to be compensated twice for the same illness or injury. We need you to supply information if you have received compensation from the Ministry of Defence for criminal injuries overseas or for civil negligence and compensation from civil authorities in Great Britain and Northern Ireland for criminal injuries.

If you have claimed compensation for the illness or injury you are claiming for now from any other person or organisation, please give the following details:

- 1 What was the outcome of your claim?  
(please include details of the person or organisation you claimed from)

- 2 What is the total amount you have been paid?

£

- 3 If a solicitor has helped you with your claim, please give their details

Name:

Address:

Postcode:

If you have a current claim to compensation from any other source, you must provide us with details as soon as you know the outcome.

## Part 5 Payment details and checklist

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Successful claims from serving personnel will be paid into the same account as their Service pay. We require bank payment details for ex-service personnel.

Bank or building society name

Branch name and address

Postcode:

Name of account holder

Account number

Sort code

Building society roll number

Please note: payments from the Armed Forces Compensation Scheme may affect related benefits from the Department of Work and Pensions (including Income Support, ESA (Income related), income based job seekers allowance, Housing Benefit and Council Tax Benefit) or Tax Credits paid to you or your family. It is your responsibility to inform the relevant Benefit Office, local authority or Tax Credit Office if you receive payments under the Scheme.

### Final checklist

Have you

- Filled in all the parts that apply to you?
- Enclosed any evidence you feel will support your claim, such as letters or reports from your doctor, consultant or hospital?

Although you may send any evidence you think is relevant, please note if you pay to get medical information specifically for this claim we cannot refund you.

It is not necessary for you to get a copy of your Service Medical Records (F MED 4) especially for this claim as we will be able to obtain our own copy.

Now please read the declaration on the following pages, sign and date the form and return it to us in the envelope provided.

## Data protection

The Ministry of Defence is a Data Controller for the Data Protection Act 1998. Under the act you have a right of access to your personal information held by the Service Personnel and Veterans Agency. If you want to ask for a copy of that information, please write to us quoting your National Insurance number.

The Ministry of Defence is committed to ensuring that all your personal data is processed in accordance with the Data Protection Act 1998.

The personal data (including sensitive personal data, for example information about your physical or mental health or condition) collected and contained within this form will be retained on your physical file and may be used for all lawful purposes including:

- by the Ministry of Defence and its agents in connection with all matters relating to the AFCS claim or a War Pension claim and any other claims against the Ministry of Defence
- by other Government Departments which have a legitimate interest in this information for example for the purposes of research or for the prevention and detection of crime.

## Declaration

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I confirm that the information I have given is accurate and complete to the best of my knowledge and belief.

I understand that the information and personal data I have provided on this form, and any information and personal data I provide subsequently may be:

- used by the Ministry of Defence (MOD) in connection with my claim, or any subsequent reconsideration, review or appeal, under the Armed Forces Compensation Scheme (AFCS) or the Service Pensions Order (SPO) or any other schemes administered by the Service Personnel and Veterans Agency (SPVA).
- passed to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner asked by the MOD to provide specialist advice.
- passed to the Department of Work and Pensions.
- used by the MOD and its agents in connection with all matters relating to this or future claims, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or other schemes administered by the SPVA, and other claims against the MOD, and by other Government Departments, which have a legitimate interest in this information for example, for the prevention and detection of crime.

I understand that

- I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award under the AFCS, a war pension, a supplementary allowance or any survivors' benefits paid under the SPO, or an award paid under any other scheme administered by the SPVA, including any changes of address.
- if I knowingly give false information, I may be liable to prosecution.

(Continued on following page)

I agree that

- the MOD and
- any doctor advising the MOD and
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation

may ask

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as a physiotherapist)

for copies of all medical records (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA.

And that the MOD may

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA, to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner or consultant asked by the MOD to provide specialist advice. I also agree that the MOD may send copies of medical information obtained for the purposes of my claim, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or any other schemes administered by the SPVA to my General Practitioner. I understand that the information will be retained by the MOD, either as a written record, or on a secure database, and may be used in future if it is necessary to reconsider or review my claim and any award made.

I agree

- to refund any sum paid as a result of this claim in the event that an overpayment is made for any reason.

Signature

Date

Print name

Service number

For Official use only

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<b>Official address stamp</b> <input type="text"/>	<b>Signature</b> <input type="text"/>	
	<b>Date of issue</b> <input type="text"/>	<b>Completed form received</b> <input type="text"/>