# Help using this Veterans UK PDF form

**About this form**

- **You must download and save this form to your computer before using it**
- You can save data typed into this PDF form if you use the latest version of **Adobe Acrobat Reader**
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session

**Helpful information for using this form**

- Save the form to your computer
- After completion print the form
- Sign the form in black pen
- Post the form using the address given

**The form will not save in**

- older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview or Foxit on a PC

**We have been made aware of issues when using Apple products such as Iphones and Ipads to complete this form.**
**You may be unable to save or re-open it due to updates to Apple products since this form was created.**
**Work is being undertaken to transform our forms and systems but until this is complete, we ask that you find an alternative device, if possible, or print the form and complete it by hand.**

**PLEASE NOTE YOU MUST SIGN THIS FORM USING A BLACK PEN.**

**WE CANNOT ACCEPT THIS FORM BY EMAIL**

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Ministry of Defence

Veterans UK

# Criminal Injuries Compensation Overseas (CICO) Application Form

The CICO Scheme is an evidence-based scheme, and the decisions are made using the balance of probabilities burden of proof. This means that the Claims Officer needs to be satisfied that it is more likely than not that a violent crime was responsible for the injury, and more likely than not that the claimant was blameless in the incident.

This application will not normally be processed until any disciplinary or other action arising out of the incident has been completed and confirmed.

Where the victim is a member of HM Forces complete all sections **except** parts **2, 8 & 9**.

Where the victim is a dependant of the member of HM Forces complete all sections.

Any applications should be submitted as soon as reasonably practicable after the claimed incident, and in any event within two years after the date of the incident. Exceptional circumstances will be considered.

**How the MOD collects and uses personal information**

The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal data and the MOD Privacy notice explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information. The MOD Personal information charter contains the standards you can expect when we ask for, hold, or share your personal information and your rights under the law.

**Part 1 - Details of the member of HM Forces**

| | |
|---|---|
| Full name | |
| Service number | |
| Rank | |
| Correspondence address | |
| Postcode | |
| Email address | |

**Part 2 - Details of victim if a dependant of the member of HM Forces**

Full name

Correspondence address

Postcode

Date of birth

Relationship to member of HM Forces

Email address

Occupation at time of incident

**Part 3 - Details of the incident**

Date of incident

Time

Location of incident

Name of the offender(s) if known

Give a full account of the incident in your own words (continue on a separate sheet if necessary)

**Part 4 - Details of the report to the police**

Was the incident reported to the police? ☐ Yes ☐ No

Was it ☐ Civil or ☐ Military

Date reported

Reported by

State where reported (full address of police station)

Postcode

Name of investigating officer

If **not** reported, give reasons

**Part 5 - Details of any Court proceedings**

Have any Court proceedings taken place? ☐ Yes ☐ No

If yes, please give further details, including the outcome

**If you have any relevant paperwork, please include this with your claim.**

**Part 6 - Injury details**

Nature of injury

Details of any hospital treatment, **including** length of stay

Name of doctor in charge of the case

Address of hospital

Postcode

Details of any outpatient treatment

Name of doctor in charge of the case

Address of hospital

Postcode

Details of any treatment by a GP or Service doctor

Details of any dental treatment

**If there is cosmetic disfigurement, photographic evidence will be necessary, enclose any you may have with this form.**

**Part 7 - Details of out-of-pocket expenses**

| | Item | Value |
|---|---|---|
| Travel expenses | | £ |
| Physical aids (spectacles, dentures etc) | | £ |
| Other expenses (damage to clothing is excluded) | | £ |
| | | £ |
| | | £ |

**Part 8 - Details of any Social Security benefit received**

National insurance number

Social Security office

Benefits received

**Part 9 - Pensions/gratuities from victim's employer**

Give details of any benefits received

**Part 10 - Details of loss of earnings**

Were any earnings lost as a result of the incident? ☐ Yes ☐ No - **go to Part 11**

Give details of loss of earnings

Name of employer

Address of employer

Postcode

**Part 11 - Compensation received/claimed under local scheme**

| | | |
|---|---|---|
| Has a claim for compensation been made under any other scheme?<br>(Armed Forces Compensation Scheme, War Pension Scheme or Civil Damages) | ☐ Yes | ☐ No |
| If yes, please give the name of the scheme and details of any award made | | |
| If not give reasons (e.g. no scheme exists or does not cover incident) | | |

**Part 12 - Declaration**

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 MOD in connection with my claim, or any subsequent reconsideration, review or appeal, under the AFCS or the Service Pensions Order (SPO) or any other schemes administered by Veterans UK.
- 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 Veterans UK, 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**

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 Veterans UK, including any changes of address.

If I knowingly give false information, I may be liable to prosecution.

In order to process your application

- 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 maybe required to contact

- 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, SPO or any other schemes administered by Veterans UK.

**Part 12 - Declaration continued**

**And the MOD may**

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS, SPO or any other schemes administered by Veterans UK, 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, the SPO or any other schemes administered by Veterans UK 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 in respect of this claim in the event that an overpayment is made for any reason.

**Part 13 - Consent for email correspondence**

Veterans UK is happy to conduct correspondence with customers via a nominated email address if that is their preference. There are some types of personal information we would not be able to include in an email correspondence, which are listed below:

- I authorise Veterans UK of the MOD to use email whenever possible in its correspondence with me via my nominated email address shown on the front of this claim form. I accept that the information may include my personal details excluding bank account numbers, National Insurance number, medical details and any other information that could compromise my identity.

- I understand that correspondence transmitted by email may be open to abuse because it is transmitting over an unsecured network. I accept that the MOD will not be liable for any loss, interception or unauthorised use of information transmitted this way. I am content for Veterans UK to correspond with me from the email address shown at the front of this claim form.

Do you wish to correspond via email? ☐ Yes ☐ No

Applicant's signature

Date

Signature if signing on behalf of applicant

Address

Relationship to applicant

Postcode

Date

**When completed please send this form to:**

Veterans UK Criminal Injuries Compensation (Overseas) Scheme at: DBS-OPTaC@mod.gov.uk

**You can also print and sign the form and send it to:**
Veterans UK Criminal Injuries Compensation (Overseas) Scheme
Room 6311
Norcross
Thornton-Cleveleys
FY5 3WP

**If you need help**
If you have any questions please contact DBS-OPTaC@mod.gov.uk
Freephone (UK only):0808 1914 2 18
Telephone (overseas): +44 1253 866 043
Normal Service 8.00am to 5.00pm Monday to Friday

**Veterans UK**
Norcross
Thornton-Cleveleys
FY5 3WP
England

Email: veterans-uk@mod.gov.uk

Website: www.gov.uk/veterans-uk