



1 BASIC INFORMATION OF THE INJURED PARTY AND THE AUTHOR OF THE CLAIM ¹⁾

1 Author of the claim	Last name and first names	
	Community	
	Postal address	Postal code and post office
	Telephone number	E-mail address
2 Injured party	Injured party the same as the author of the claim (if No, fill in all parts. If Yes, only fill in the date of birth and bank account number)	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of birth
	Last name and first names or Name of the community	
	Bank account number in IBAN format and BIC	
	Birth date or Business ID	
	Postal address	
Postal code and post office		
Telephone number		
E-mail address		
Bank account number in IBAN format and BIC		
The relation between the author of the claim and the injured party		
3 Claim for additional compensation	This is a claim for additional compensation	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Register number of the previous claim

2 ACCIDENT

1 Time and scene of the accident	Date	Time	Address of the accident scene				
	Accident scene <input type="checkbox"/> Carriageway <input type="checkbox"/> Pedestrian crossing <input type="checkbox"/> Pavement <input type="checkbox"/> Parkway <input type="checkbox"/> Garden <input type="checkbox"/> Construction area <input type="checkbox"/> Other place						
	Description of other accident scene						
An attached map, photographs or a drawing of the accident scene can facilitate the processing of the matter.							
2 Nature of the accident	Preliminary investigation conducted		It was a slipping accident		It was a vehicle accident		
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Another type of accident		What kind					
<input type="checkbox"/> No <input type="checkbox"/> Yes							
3 Questions relating to a slipping accident	Road surface						
	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snowy	<input type="checkbox"/> Slushy	<input type="checkbox"/> Icy		
	Conditions at the accident scene			Weather			
	<input type="checkbox"/> Gravelled	<input type="checkbox"/> Partly gravelled	<input type="checkbox"/> Ungravelled	<input type="checkbox"/> Dry weather	<input type="checkbox"/> Rain	<input type="checkbox"/> Snowfall	
The injured party was under the influence of alcohol at the time of the accident		Description of the injured party's shoes at the time of the slipping					
<input type="checkbox"/> No <input type="checkbox"/> Yes							
4 Questions relating to a vehicle accident	Registration number of the vehicle		Road surface				
			<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snowy	<input type="checkbox"/> Slushy	<input type="checkbox"/> Icy
	Conditions at the accident scene			Weather			
	<input type="checkbox"/> Gravelled	<input type="checkbox"/> Partly gravelled	<input type="checkbox"/> Ungravelled	<input type="checkbox"/> Dry weather	<input type="checkbox"/> Rain	<input type="checkbox"/> Snowfall	
The driver of the vehicle was under the influence of alcohol at the time of the accident							
<input type="checkbox"/> No <input type="checkbox"/> Yes							
5 Accurate description of the accident	Accurate description of the course of events and the reason for the accident and verbal description of the damage						
	The accident had eyewitnesses						
<input type="checkbox"/> No <input type="checkbox"/> Yes							

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1) When the case becomes pending, your personal information will be registered in the City of Helsinki case management system. (<http://www.hel.fi/rekisteriseloste>)



5 Accurate description of the accident	Names and contact information of the eyewitnesses (telephone number and/or address)
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3 CLAIM

1 Specification of the claim	Claim specified later <input type="checkbox"/> Entirely <input type="checkbox"/> Partly <input type="checkbox"/> No (specification of the claim below) Account for why claim is specified later
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2 Item and vehicle damages (3 Claims are made per vehicle and item)	Vehicle Registration number of the vehicle Repair costs or Current value of the vehicle
	Purchase price of the vehicle Compensation for period of non-use
	Reasons (reasons / account) for non-use compensation claim
	Other expense
	Account of other expenses
	Item Description of the item Repair costs or Current value of the item
	Time of purchase of the item Purchase price of item
	Reasons (reasons / account) for item claim
	Other expense
	Account of other expenses
	Item Description of the item Repair costs or Current value of the item
	Time of purchase of the item Purchase price of item
	Reasons (reasons / account) for item claim
	Other expense
	Account of other expenses
Item Description of the item Repair costs or Current value of the item	
Time of purchase of the item Purchase price of item	
Reasons (reasons / account) for item claim	
Other expense	
Account of other expenses	



4 Personal injury	Treatment expenses (For example hospital and outpatient department payments, rehabilitation costs)	Medication expenses	Medical certificate expenses
	Travelling expenses	Loss of earnings	Pain and suffering and other temporary disability
	Permanent cosmetic disability (injury class defined in the attached medical certificate)	Permanent defect and disability (injury class defined in the attached medical certificate)	
	Other expense	Account of other expenses	
	We comply with the compensation directives of The Traffic Accident Board and the recommendations of The Finnish Advisory Board for Personal Injuries. If the physician states that the injury has caused a functional or cosmetic disability, you can apply for compensation for permanent defect and disability or cosmetic handicap.		
5 Damages in total	All expenses in total		
6 Insurance	<input type="checkbox"/> I declare that I have not received and have not submitted an overlapping claim for damages to another authority.		
Signature	Place and date	Signature and print name of the author of the claim	

4 APPENDICES

Listed below are the most usual documents needed in the processing of a claim for damages.

It is not necessary to attach all the documents described, only those that are suitable in terms of the characteristics of the case.

HOWEVER, BILLS AND RECEIPTS OF ALL EXPENSES INCLUDED IN THE CLAIM MUST BE ATTACHED TO THE CLAIM. THE CLAIMANT MUST ALSO KEEP THE ORIGINAL BILLS AND RECEIPTS AND BE PREPARED TO PRESENT THEM IF ASKED TO. THE DOCUMENTS IN QUESTION MUST BE KEPT FOR THREE YEARS, STARTING FROM THE DATE OF SERVICE FOR THE DECISION CONCERNING THE CLAIM FOR DAMAGES.

1 Attachments linked to the description of the accident	<input type="checkbox"/> Preliminary investigation report	
	<input type="checkbox"/> Map and drawing of the accident scene	
	<input type="checkbox"/> Photographs of the accident scene	
	<input type="checkbox"/> Photographs of the damaged item / items	
	<input type="checkbox"/> Medical certificate of personal injury	
	<input type="checkbox"/> In case of a vehicle accident, a statement issued by a damage inspector from the City of Helsinki construction services Stara, or equivalent.	
	It is possible to schedule an appointment with Stara's damage inspector, tel. (09) 310 39356.	
	<input type="checkbox"/> Eyewitness accounts of the course of events	
	<input type="checkbox"/> Bills and receipts of the expenses caused by the accident (If No or Partly has been chosen on 3.1.)	
	<input type="checkbox"/> Employer's certificate of loss of earnings	
	What kind	
<input type="checkbox"/> Other attachment		

Completed, printed and signed form with appendices is sent to:

The City of Helsinki Registry, PB 10, 00099 CITY OF HELSINKI. The registry forwards your claim for damages for processing to the correct authority.



INSTRUCTIONS FOR FILLING IN THE FORM

Section 1.1 and 1.2 E-mail address

The e-mail address will not be used for forwarding confidential or sensitive information. The decision will not be sent to a private person via e-mail.

Section 1.2 Injured party

The injured party is a person or a community whose possessions have been damaged or a person who has sustained an injury in an accident.

Section 1.2 The relation between the author of the claim and the injured party

The author can be, for example, a representative of the injured community or the custodian, trustee or assistant of the injured party or nursing staff.

Apart from a guardian, the representative must attach an account of his or her right to represent the injured party. The account can be, e.g., a power of attorney, a trustee order or an extract from the Trade Register. If no account is presented, the application will be processed, but the requests for further information and the decision will be delivered only to the injured party.

Section 1.3 Claim for additional compensations

To ensure that the claim can be connected to the previous claim, please enter the registration number of the previous claim (HEL 2015-000012).

Section 2.1 Description of other accident scene and Address of the accident scene

If the accident happened indoors or in areas not mentioned in the menu, then the place can be described in own terms, e.g., passage of the NN School, MM Sports field. Describe carefully also where in that particular area the accident happened, such as the spectator stand, the field area or walkway next to the sports field.

If the accident scene is on a street, square, park or a similar area, state the street address and house number, by which the accident happened or for example the name of the square, park or similar area.

Section 2.5 Verbal description of the damage

If it is a case of object or vehicle accident, describe the damage inflicted on the object or the vehicle. If it is a case of personal injury, please describe the injuries.

Section 2.5 The accident has had eyewitnesses

Eyewitnesses are people who saw the accident, whose contact information is known.

Section 2.5 Names and contact information of the eyewitnesses

In addition to the names and contact information, please attach a statement of the observations of the eyewitnesses to the claim for damages.

Section 3.2 Time of purchase of the item

Specific time of purchase not required. It is enough if the time of purchase is stated e.g. as spring 2015.

Section 3.2 and 3.4 Account of other costs

Account of the reasons why other than the aforementioned expenses should be compensated.

Section 3.4 Personal injury, Treatment expenses

For example hospital and outpatient clinic payments, rehabilitation costs.

Section 4.1 Appendix Preliminary investigation report

If the police has made a preliminary investigation of the case, the preliminary investigation report should be attached to the claim for damages.



Section 4.2 Appendix Map or drawing of the accident scene, or 4.3 Appendix Photographs of the accident

It is often necessary to define the accident scene more accurately than just the street address, because the responsibility for the maintenance of the carriageway, pavement and garden can be with different parties. Photographs of the accident scene at the time of the accident can provide further insight into the conditions at the time of the accident. Photographs of the accident scene taken after the accident, as well as a drawing of the accident scene can also help in establishing the correct accident scene. Due to this, the processing of a vehicle or slipping accident is facilitated by a illustrative map, photograph or drawing, where the accident scene has been marked.

Section 4.4 Appendix Photographs of the damaged item/items

A photograph of the damaged object or vehicle can help the definition of the damage and the evaluation of whether the item/vehicle can be repaired.

Section 4.5 Appendix Medical certificate concerning personal injury

Case histories or a medical certificate must be attached to the claim, if compensation is sought for temporary handicap. If the physician states that the injury has caused a functional or cosmetic handicap, you can apply for compensation for permanent defect and handicap or permanent cosmetic handicap. In the medical certificate, the physician must define the injury category in accordance with the decree on Handicap Classification under the Accident Insurance Act 29.12.2009/1649 issued by the Ministry of Social Affairs and Health. Photographs must also be included when seeking compensation for cosmetic defect.

Section 4.6 Appendix In case of a vehicle accident, a statement by the City of Helsinki construction services Stara's damage inspector or equivalent

Instead of a statement by a Stara damage inspector, the statement can be a statement issued by a garage, which shows how the vehicle has been damaged and the approximate price of the repair.

Section 4.7 Appendix Eyewitnesses' accounts of the course of events

Eyewitness accounts can provide further insight on the course of events.

Section 4.8 Appendix Bills and receipts of costs generated by the accident

Copies of bills and receipts of all the costs that are subject to the claim for damages.

Section 4.9 Appendix Employer's certificate of loss of earnings

The certificate must reveal both the time of absence and the loss of earnings for the period in question.

Section 4.10 Appendix Other appendix, what

Account of other appendices, appendices attached