

City of Helsinki  
Urban Environment Division

### 1 BASIC INFORMATION ABOUT THE INJURED PARTY AND THE AUTHOR OF THE CLAIM

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

1 Author of the claim	Last name and first names		
	Organisation		
	Postal address		Postal code and town
	Telephone number		E-mail address
2 Injured party	Injured party the same as the author of the claim (If No, please complete all fields. If Yes, fill in only date of birth and bank account number)		
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date of birth (dd.mm.yyyy)
	Last name and first names or name of organisation		Bank account number in IBAN format and BIC
	Postal address		Date of birth (dd.mm.yyyy) or Business
	Telephone number		Email address
	Bank account number in IBAN format and BIC		
Relation between the author of the claim and the injured party			
3 Claim for additional compensation	Claim for additional compensation		Record number of previous claim
	<input type="checkbox"/> No <input type="checkbox"/> Yes		

### 2 ACCIDENT

1 Time and scene of accident	Date	Time	Address of scene of accident	
	Scene of accident			
	<input type="checkbox"/> Roadway <input type="checkbox"/> Crosswalk <input type="checkbox"/> Pavement <input type="checkbox"/> Parkway <input type="checkbox"/> Courtyard <input type="checkbox"/> Construction site <input type="checkbox"/> Other			
	Description of other scene of accident			
Attaching a map, photographs or a drawing of the scene of the accident can facilitate the processing of the case.				
2 Nature of the accident	Preliminary investigation conducted		It was a slipping accident	
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3 Questions concerning a slipping accident	It was another type of accident		Please specify	
	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	Road surface		Weather	
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy <input type="checkbox"/> Slushy <input type="checkbox"/> Icy		<input type="checkbox"/> Dry <input type="checkbox"/> Rain <input type="checkbox"/> Snowfall	
Conditions at the scene of the accident		Description of the injured party's shoes at the time of slipping over		
<input type="checkbox"/> Gritted <input type="checkbox"/> Partly gritted <input type="checkbox"/> Ungritted				
Injured party under the influence of alcohol at the time of the accident				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
4 Questions concerning a vehicle accident	Vehicle registration number		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 scene of the accident		Weather	
<input type="checkbox"/> Gritted <input type="checkbox"/> Partly gritted <input type="checkbox"/> Ungritted		<input type="checkbox"/> Dry <input type="checkbox"/> Rain <input type="checkbox"/> Snowfall		
Driver under the influence of alcohol at the time of the accident				
<input type="checkbox"/> No <input type="checkbox"/> Yes				

5 Detailed description of the accident	A detailed description of the course of events and the cause of the accident and a verbal description of the damage caused.
5 Detailed description of the accident	There were eyewitnesses to the accident <input type="checkbox"/> No <input type="checkbox"/> Yes
	Names and contact details of eyewitnesses (telephone number and/or address)

**3 CLAIM**

1 Itemisation of the claim	Claim itemised later <input type="checkbox"/> Entirely <input type="checkbox"/> Partly <input type="checkbox"/> No (Itemisation of the claim below) Explanation of why the claim will be itemised later		
2 Damage to items and vehicle  <b>Claims made vehicle- and item-specifically</b>	<b>Vehicle:</b>		
	Vehicle registration number	Repair costs	Current value of the vehicle
		or	
	Purchase price of vehicle	Compensation for period of non-use of vehicle	
	Reasons for/account of claim for non-use of vehicle		
	Other expenses		
	Account of other expenses		
	<b>Item</b>		
	Description of item	Repair costs	Current value of Item
		or	
	Time of purchase of item	Purchase price of item	
	Reasons for/account of claim for item		
	Other expenses		
	Account of other expenses		
	<b>Item</b>		
Description of item	Repair costs	Current value of Item	
	or		
Time of purchase of item	Purchase price of item		
Reasons for/account of claim for item			
Other expenses			
Account of other expenses			

	Item Description of item		Repair costs	or	Current value of Item	
	Time of purchase of item	Purchase price of item				
	Reasons for/account of claim for item					
	Other expenses					
	Account of other expenses					
4 Personal injury	Treatment expenses (e.g. hospital and outpatient charges, rehabilitation costs)		Costs for medication	Costs for medical certificate		
	Travel expenses		Loss of earnings	Pain, suffering and other temporary inconvenience (medical certificate attached)		
	Permanent cosmetic damage (medical certificate attached defining class of injury)			Permanent damage (medical certificate attached defining class of injury)		
	Other expenses		Account of other expenses			
	We comply with the compensation directives of the Traffic Accident and Patient Injury Board and the recommendations of the Personal Injury Commission. If a physician states that the injury has caused functional or cosmetic damage, you can apply for compensation for permanent damage or permanent cosmetic damage.					
5 Damages in total	All expenses in total					

**4 CONSENT, ADDITIONAL INFORMATION AND SIGNATURE**

1 Consent to electronic services	You may send me communications and decisions relating to the handling of my claim by e-mail <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail address	
2 Transfer of documents	I agree that the city may transfer this claim and its attachments to the city's contractor responsible for handling the claim. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Further information:	<input type="checkbox"/> I have not received or am not submitting an overlapping claim for damages to another party. <input type="checkbox"/> I have received or am submitting an overlapping claim for damages, where and how much?	
4 Signature	Place and date	Signature and name in block letters of the author of the claim

**5 ATTACHMENTS**

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

The claim does not need to include all the appendices described below, but only those that are appropriate to the nature of the case.

However, the claim must be accompanied by all invoices and receipts for expenses for which reimbursement is being sought. The claimant must also keep the original invoices and receipts and be prepared to produce them on request. These documents must be kept for three years from the date of service of the decision on the claim.

Appendices relating to the description of the accident

- Map or drawing of the scene of the accident with its actual location marked
- Photographs of the scene of the accident
- Photographs of the damaged item(s)
- Medical certificate/medical reports of personal injury
- Invoices and receipts of expenses arising from the accident
- Certificate of loss of earnings
- Decision by insurance company
- Police investigation notice or preliminary investigation report
- Eyewitness accounts of the course of events
- Other  
Please specify

**The completed application form and its attachments, as well as additional information, must be sent to the City of Helsinki Registrar's Office:**

E-mail: helsinki.kirjaamo@hel.fi

Postal address: City of Helsinki Registrar's Office, PO Box 10, FI-00099 CITY OF HELSINKI.

Street address: City Hall, Pohjoisesplanadi 11–13, Helsinki 17. The registrar service is open Monday to Friday 9:00–15:00.

The Registrar's Office will forward the claim to the correct division for processing.

**INSTRUCTIONS FOR FILLING IN THE FORM****Sections 1.1 and 1.2 E-mail address**

If you give your consent to electronic communication in section 4.1, the city will send you communications and decisions to the e-mail address you have provided. Messages containing confidential or sensitive information will only be sent to you by secure email.

**Section 1.2 Injured party**

The injured party is a person or entity whose property has been damaged or a person who has been injured in an accident.

**Section 1.2 Relation between the author of the claim and the injured party**

The author of the claim can be, for example, a representative of the injured entity or a guardian, trustee or assistant of the injured party, or nursing staff.

Anyone other than a guardian must attach an explanation of his or her right to represent the injured party. This can be, for example, a power of attorney, a trustee's order or an extract from the Trade Register. An attorney and legal counsel need only present a power of attorney if the city specifically instructs them to do so. If no explanation is provided, the application will be processed, but requests for further information and the decision will be notified only to the injured party.

**Section 1.3 Claim for additional compensation**

In order to link the claim to a previously submitted claim, the record number of the previous claim must be provided (e.g. HEL 2023-000001).

**Section 2.1 Description of other scene of accident and address of scene of accident**

If the accident occurred indoors or in an area other than that specifically mentioned in the form, describe the place where the accident occurred in your own words, e.g. in the corridor of NN primary school, at MM sports ground. Please also describe exactly where the accident occurred, such as in the stands of the sports ground, on the field or on a nearby walkway.

If the place of the accident is on a street, in a market, park or similar area, please give the street address and the number of the house where the incident occurred, or the name of the market, park or similar area, for example.

**Section 2.5 Verbal description of the damage caused**

In the case of damage to an item or vehicle, describe the damage caused. In case of personal injury, describe the injuries caused.

**Section 2.5 Eyewitnesses to the accident**

Eyewitnesses are persons who saw the accident and whose contact details are known.

**Section 2.5. Names and contact details of eyewitnesses**

In addition to the names and contact details, the claim must be accompanied by a statement from the eyewitnesses about what they saw.

**Section 3.2 Time of purchase of the item**

The exact time of purchase is not required. It is sufficient to indicate the time of purchase with a moderate degree of precision, e.g. spring 2020.

**Sections 3.2 and 3.4 Account of other costs**

An account of the reasons why costs other than those mentioned above should also be reimbursed.

**Section 3.4 Personal injury, Medical expenses**

Medical expenses (e.g. hospital and outpatient charges, rehabilitation costs).

**Section 4.1 Electronic services**

By giving your consent to electronic services, you will receive communications from the city regarding, for example, the completion of your application or the submission of additional information and decisions on your claim for compensation by e-mail to the e-mail address you have provided.

**Section 4.2 Transfer of documents**

If you consent to the transfer of documents and the investigation reveals that the damage occurred on a construction site commissioned by the city or that it is a traffic or work-related accident related to the activities of the city's contractor, the city will transfer the documents you have submitted and the handling of the case directly to its contractor. If you do not consent to the transfer and the city does not have the power to deal with the matter, the city will inform you separately.

**Section 4.4 Signature**

If the claim is sent to the Registrar's Office by e-mail, it does not need to be signed separately.

**Section 5 Attachments****A map or drawing of the scene of the accident and photographs of the scene of the accident**

It is often necessary to define the location of the accident more precisely than the street address, as different parties may be responsible for the maintenance of the roadway, pavement and courtyard. Photographs taken of the scene at the time of the accident can provide additional information about the conditions at the time of the accident. Photographs taken at the scene after the event, as well as a drawing of the scene, can also help to determine the correct location of the accident. That is why a map, photograph or drawing showing the exact location of the accident makes it easier to deal with a vehicle- or slipping accident.

**Photographs of the damaged item(s)**

A photograph taken of a damaged item or vehicle can help to determine the damage caused and to assess whether the item/vehicle can be repaired.

**Medical certificate of personal injury**

If compensation is claimed for pain, suffering or other temporary inconvenience, medical reports or a medical certificate must be attached to the claim. If a physician states that the injury has caused functional or cosmetic damage, you can apply for compensation for permanent damage or permanent cosmetic damage. In the case of permanent damage or permanent cosmetic damage, the claim must be accompanied by a medical certificate in which the physician determines the category of damage in accordance with the Government Decree 11.6.2015/768 on injury classification under the Workers' Compensation Act. When applying for compensation for permanent cosmetic damage, you must also include photographs.

**Invoices and receipts of expenses arising from the accident**

The claim must be accompanied by copies of invoices and receipts for all expenses for which the claim is being made.

**Certificate of loss of earnings**

The certificate must show both the period of absence and the loss of earnings for that period.

**Police investigation notice/preliminary investigation report**

If you have reported the incident to the police or if a preliminary investigation has been carried out by the police, the police investigation notice or preliminary investigation report must be attached to the claim.

**Eyewitness accounts of the course of events**

Eyewitness accounts may provide further insight into the course of events.

**Other attachments, please specify**

Statement of other attachments with attachments enclosed.