

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
	Date of birth (dd.mm.yyyy)	Bank account number in IBAN format	Injured party the same as the author of the claim <input type="checkbox"/> Yes <input type="checkbox"/> No, please fill the fields below
2 Injured party	Last name and first names or name of organisation		Date of birth (dd.mm.yyyy) or Business ID
	Postal address		Postal code and town
	Telephone number		Email address
	Bank account number in IBAN format and BIC		
	Relation between the author of the claim and the injured party		Power of attorney attached <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Claim for additional compensation	Claim for additional compensation <input type="checkbox"/> Yes	Record number of previous claim	

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	It was a vehicle accident <input type="checkbox"/> Yes		It was a slipping accident <input type="checkbox"/> Yes	It was a stumbling accident <input type="checkbox"/> Yes
	It was another type of accident <input type="checkbox"/> Yes		Please specify	
3 Questions concerning a personal injury	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 <input type="checkbox"/> Gritted <input type="checkbox"/> Partly gritted <input type="checkbox"/> Ungritted		Weather <input type="checkbox"/> Dry <input type="checkbox"/> Rain <input type="checkbox"/> Snowfall	
	Injured party under the influence of alcohol at the time of the accident <input type="checkbox"/> No <input type="checkbox"/> Yes		Description of the injured party's shoes at the time of the accident	
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 <input type="checkbox"/> Gritted <input type="checkbox"/> Partly gritted <input type="checkbox"/> Ungritted		Weather <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 (continue in a separate appendix if necessary).
	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	The amount of the claim itemised later <input type="checkbox"/> Entirely <input type="checkbox"/> Partly <input type="checkbox"/> No (Itemisation of the claim below) Explanation of why the amount of the claim will be itemised later		
2 Damage to items and vehicle Claims made vehicle- and item-specifically	Vehicle: Vehicle registration number		Vehicle registration number or Current value of the vehicle
	Purchase price of vehicle	Compensation claim for period of non-use of vehicle	
	Reasons for/account of claim for non-use of vehicle		
	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		
	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		

	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 Claim in total	All claims 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
- ☐ Power of attorney
- ☐ 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 8:15–16:00.

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 claim may not be processed.

Section 1.3 Claim for additional compensation

In order to link the claim to a previously submitted claim, provide the record number of the previous claim (e.g. HEL 2025-000001).

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, you can attach to your claim 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. March 2025.

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. Keep the original invoices and receipts, we request them if necessary.

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. If you fill out the form by hand, write the email address clearly, e.g. in capital letters.

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 or it is a matter that falls otherwise under the city's contractual partner, 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 by returning the matter to you.

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 accident or personal injury.

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 you claim a compensation 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. The certificate must be issued by, for example, the employer or payroll accountant.

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.