



|  |                   |  |
|--|-------------------|--|
| Claim number                                     |                   |  |
| Day of accident                                  | Site of accident  | The accident happened<br>at work      on the way to/from work      elsewhere |
| Vehicle, for which compensation is being claimed |                   |  |
| Registration number                              | Type of vehicle   |  |
| Owner of vehicle                                 | Insurance company |  |

|                                  |                                     |                     |
|----------------------------------|-------------------------------------|---------------------|
| The injured party was            |                                     |                     |
| the owner/driver of this vehicle | the owner/driver of another vehicle | pedestrian          |
| a passenger in this vehicle      | cyclist                             | other injured party |

|   |                         |                        |
|---|-------------------------|------------------------|
| Name of injured party                           |                         | Social security number |
| Injured party's street address                  | Post code               | City                   |
| Daytime telephone number 8-16 (incl. area code) | Bank and account number |                        |
| Employer's name and address                     |                         |                        |
| Daytime telephone number 8-16 (incl. area code) | Bank and account number |                        |

|   |                         |                        |
|---|-------------------------|------------------------|
| Claimant's name (if other than above)           |                         | Social security number |
| Street address                                  | Post code               | City                   |
| Daytime telephone number 8-16 (incl. area code) | Bank and account number |                        |

## I. PROPERTY DAMAGE

| 1. DAMAGE TO VEHICLE   |                  |                     |                  |                |                   |       |
|--|------------------|---------------------|------------------|----------------|-------------------|-------|
| In cases of damage to a motor vehicle, an estimate of repair costs is usually enough for a claim.<br>For an inspection of damages, you must contact the insurance institution. |                  |                     |                  |                |                   |       |
| 2. OTHER PROPERTY DAMAGE   |                  |                     |                  |                |                   |       |
| Object   | Nature of damage | Can it be repaired? | Time of purchase | Purchase price | Depreciated value | Claim |
|  |                  |                     |                  | €/FIM          | €                 | €     |
|  |                  |                     |                  | €/FIM          | €                 | €     |
|  |                  |                     |                  | €/FIM          | €                 | €     |
|  |                  |                     |                  | €/FIM          | €                 | €     |
|  |                  |                     |                  | €/FIM          | €                 | €     |


The list may be continued in a separate attachment if necessary.  
Possible receipts, dry-cleaners' and repairers' bills or receipts must be attached.

## II. PERSONAL INJURIES

|   |     |             |
|---|-----|-------------|
| 1. HOSPITAL AND POLICLINIC FEES   |     |             |
| Attached _____ receipts/bills, claim _____ euros  |     |             |
| 2. DOCTOR'S FEES  |     |             |
| Attached _____ receipts/bills, claim _____ euros  |     |             |
| 3. MEDICINES AND BANDAGING MATERIALS  |     |             |
| Attached _____ receipts/bills, claim _____ euros  |     |             |
| 4. TRIPS TO THE HOSPITAL OR DOCTOR  |     |             |
| Attached _____ receipts/bills, claim _____ euros  |     |             |
| 5. OTHER COSTS  |     |             |
| Attached _____ receipts/bills, claim _____ euros  |     |             |
| 6. LOSS OF INCOME OR DISABILITY PENSION   |     |             |
| Is your employer paying you during your sick leave?   | Yes | No          |
| Attached _____ doctor's certificates  |     |             |
| _____ pay declarations from employer about earned income  |     |             |
| _____ copies of tax certificates  |     |             |
| _____ copies of tax declarations  |     |             |
| Claim for period _____ - _____  |     | _____ euros |
| _____ - _____   |     | _____ euros |
| _____ - _____   |     | _____ euros |
| _____ - _____   |     | _____ euros |
| 7. TEMPORARY DISABILITY *)  |     |             |
| Attached _____ doctor's certificates  |     |             |
| 8. PERMANENT HANDICAP AS WELL AS PERMANENT COSMETIC DAMAGE *)   |     |             |
| Attached _____ doctor's certificates  |     |             |
| _____ specialist doctor's certificates of scars, site of impairment, possibilities of recovery and expenses |     |             |
| _____ photographs   |     |             |
| 9. TRAFFIC INSURANCE NURSING AND CLOTHING ALLOWANCE*)   |     |             |
| Attached _____ doctor's certificates  |     |             |

\*) Compensations for sections 7-9 are defined according to the recommendations of the traffic accident board. For this reason it is not essential that a euro value claim is presented.

**III CASE OF DEATH**

|   |   |
|---|---|
| <b>10. FUNERAL EXPENSES AND OTHER EXPENSES RELATED TO THE FUNERAL</b>   |   |
| Attached _____ receipts/bills or other accounts<br>_____  |   |
| Total amount of claims _____ euros  |   |
| <b>11. LOSS OF MAINTENANCE</b>  |   |
| Attached _____ official certificates of family relations  |   |
| a) Account of income before accident:   |   |
| Deceased  | Claimant  |
| _____   | _____ employer's declaration of earned income   |
| _____   | _____ copies of tax certificates  |
| _____   | _____ copies of tax declarations  |
| _____   | _____ certificates of other possible income or pensions   |
| b) Account of income after the accident   |   |
| Claimant  |   |
| _____   | employer's declaration of earned income   |
| _____   | copies of tax certificates  |
| _____   | copies of tax declarations  |
| _____   | certificates of other possible income or pensions   |
| _____   | certificate from educational institution of studies for claimants aged between 18 and 21                    |
| <b>12. COMPENSATION FROM OTHER SYSTEMS</b>  |   |
| Have you applied for or received compensation from some other statutory or voluntary insurance or on the basis of some other law? |   |
| I Property damage:  | No      Yes      From where? _____<br>_____   |
|   | Amount of compensation _____ €  |
| II Personal Injury:   | No      Yes      From where? _____<br>_____   |
|   | Amount of compensation _____ €  |
| III Case of death:  | No      Yes      From where? _____<br>_____   |
|   | Amount of compensation _____ €  |
| Further information:<br>_____<br>_____  |   |
| Date  | Claimant's signature<br> |

**This application is to be delivered to the State Treasury at the following address:  
State Treasury, Compensation Services, P.O. BOX 50, FI-00054 STATE TREASURY**