

Report on a personal injury caused by an unknown vehicle

Injured party

Name

Personal identity code

Phone

Email

Postal address

Postal code and city/town

Accident information

Location of accident

at work/commuting

during leisure time

at other time

Injured party was

the driver of the other vehicle

a passenger in the other vehicle

a pedestrian

a bicyclist

other, specify

Have you applied for compensation from any other insurance, such as accident insurance or sickness insurance?

yes Which one?

no

At the time of the accident, were you under the influence of alcohol/narcotics?

yes

no

Did the police arrive at the scene?

yes

no

Was a police investigation conducted?

yes

no

Motor vehicle that caused the accident

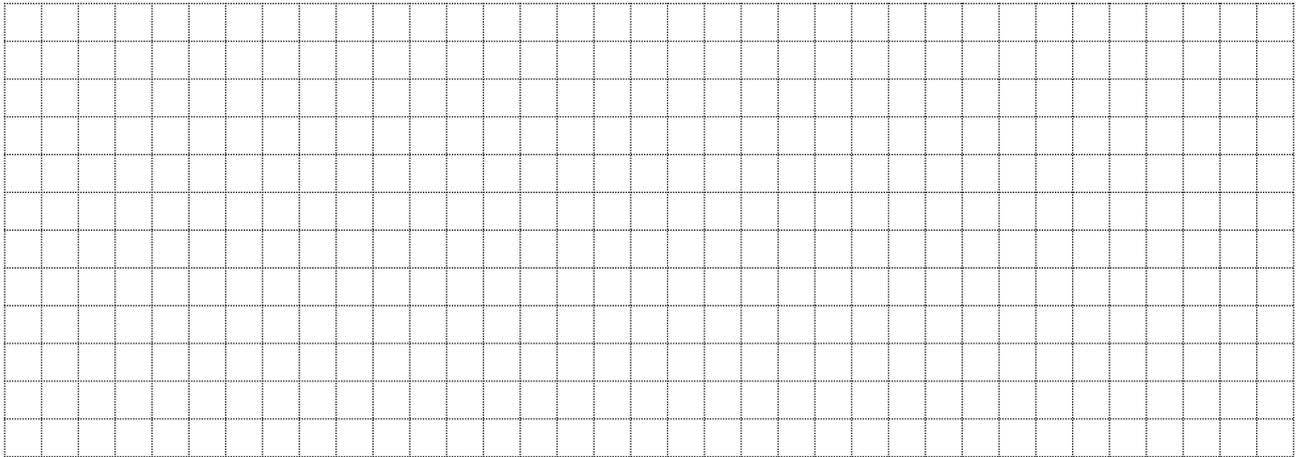
Registration number

Make and model

Emergency care

In which care facility was the emergency care provided?

Illustration of the site of the accident



Description of the accident

Date and location

Date of accident _____ at _____

Day of the week _____ Municipality where the accident happened _____

Exact location of the accident (intersection, street address, name of place etc.) _____

Witnesses

Witness 1

Name _____ Phone _____

Postal address _____

Postal code and city/town _____

Witness 2

Name _____ Phone _____

Postal address _____

Postal code and city/town _____

Bank information

Recipient of the compensation payment (name) _____

Bank name and account number _____

Signatures

We disclose information provided concerning accidents to an information system shared by the insurance companies. When the claim is being processed, we check what accidents have been reported to other insurance companies. The information is used only for the prevention of insurance crimes.

Place

Date

Signature and name in print

Motor Insurers' Centre
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