

Power of attorney in the case of death

Authorization

I hereby authorize the representative below to manage the traffic accident case of the estate of the deceased and apply for and receive compensation payable on the grounds of the accident.

Representative's information

Representative's name

Postal address

Postal code

City/town

Phone number (including area code)

E-mail address

Information about the deceased

Name of the deceased

Case ID (if known)

The compensation payable from the motor liability insurance

The compensation payable from the motor liability insurance should be paid to the following account.

Bank account number (in IBAN-format, 18 characters)

Account holder's name

Date and the signature of the person granting the authorization

Date

Signature of the person granting the authorization

Name in print

Motor Insurers' Centre

P.O. Box 2, FI- 00084 INSURANCE CENTRE

Tel. +358 40 450 4520

www.lvk.fi/en