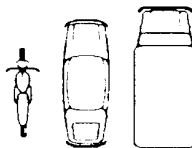
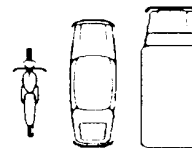

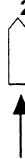


	<b>Own vehicle (No. 1)</b>	Policy code	<b>Other party's vehicle (No. 2)</b>	Number of vehicles involved
<b>Driver</b>	Name		Name	
	Personal identity number	Phone number during daytime		Phone number during daytime
	Street address / e-mail address		Street address / e-mail address	
	Postal code	City	Postal code	City
<b>Driving licence</b>	Driving licence <input type="checkbox"/> Yes <input type="checkbox"/> No 1 2	First driving licence issued in (year)	Driving licence class	Driving licence <input type="checkbox"/> Yes <input type="checkbox"/> No 1 2
	Name and e-mail address		Name and e-mail address	
<b>Holder of vehicle</b>	Personal identity number / Company code	Phone number during daytime		Phone number during daytime
	Street address / e-mail address		Street address / e-mail address	
	Postal code	City	Postal code	City
	Name		Name	
<b>Owner of vehicle</b>	Personal identity number / Company code	Phone number during daytime		Phone number during daytime
	Street address / e-mail address		Street address / e-mail address	
	Postal code	City	Postal code	City
	Name		Name	
<b>Vehicle</b>	Registration number	Type of vehicle (e.g. passenger car)	Registration number	Type of vehicle (e.g. passenger car)
	Make and model	First year of use	Make and model	
	Motor liability insurer	Comprehensive motor insurer	Motor liability insurer	Comprehensive motor insurer
	Leasing vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No 1 2	Company vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No 1 2	Leasing vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No 1 2	Company vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No 1 2
<b>Trailer</b>	Was trailer in use? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 2	Registration number	Was trailer in use? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 2	Registration number
	Motor liability insurer?	Comprehensive motor insurer	Motor liability insurer	Comprehensive motor insurer
<b>Vehicle damage</b>	Shade in damaged areas. Inspection of damage must be arranged with insurer before repairs.		Shade in damaged areas. Inspection of damage must be arranged with insurer before repairs.	
	Name of account holder		Name of account holder	
<b>Bank connection</b>	IBAN	BIC	IBAN	BIC

	<b>Your vehicle</b>	<b>Other vehicles</b>	<b>Outside the vehicles</b>	
	Number of people injured	Number of people injured	Number of people injured	
	Number of dead	Number of dead	Number of dead	
<b>Bodily injuries</b>	Name		Name	
	Personal identity number	Phone number during daytime	Personal identity number	Phone number during daytime
	Street address		Street address	
	Postal code	City	Postal code	City
	Injured party was in vehicle No.	Injured party was in vehicle No.	Injured party was in vehicle No.	
	Circumstances <input type="checkbox"/> 1 Work <input type="checkbox"/> 3 On way to / from school <input type="checkbox"/> 2 On way to / from work <input type="checkbox"/> 4 Leisure time	Circumstances <input type="checkbox"/> 1 Driver <input type="checkbox"/> 2 Passenger in front seat <input type="checkbox"/> 3 Passenger elsewhere <input type="checkbox"/> 4 Outside the vehicle	Circumstances <input type="checkbox"/> 1 Work <input type="checkbox"/> 3 On way to / from school <input type="checkbox"/> 2 On way to / from work <input type="checkbox"/> 4 Leisure time	
	Degree of injury <input type="checkbox"/> 1 Slight <input type="checkbox"/> 2 Severe <input type="checkbox"/> 3 Dead	Degree of injury <input type="checkbox"/> 1 Slight <input type="checkbox"/> 2 Severe <input type="checkbox"/> 3 Dead	Degree of injury <input type="checkbox"/> 1 Slight <input type="checkbox"/> 2 Severe <input type="checkbox"/> 3 Dead	

<b>Sketch of scene of accident</b>	<b>Sketch and indicate</b> - streets and roads with names - position of vehicles at time of accident - direction of approach of vehicles, with an arrow - road signs Your vehicle  Other party's vehicle 																				

<b>How did the accident occur?</b>	
	<input type="checkbox"/> For more details, see appendix

<b>Date, time, place and circumstances</b>	Date and time of accident	Day of week	Locality	
	Exact location (crossroads, street address, name of place etc.)			
	<b>Place of accident</b> <input type="checkbox"/> 1 Level crossing <input type="checkbox"/> 2 Junction of private road or private grounds <input type="checkbox"/> 3 Junction with priority road <input type="checkbox"/> 4 Junction with equal priority <input type="checkbox"/> 5 Bridge <input type="checkbox"/> 6 Bend <input type="checkbox"/> 7 Straight road <input type="checkbox"/> 8 Parking area, square, yard, service station or similar <input type="checkbox"/> 9 Other	<b>Traffic lights</b> <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Working <input type="checkbox"/> 3 Not working  Speed limit at place of accident, km/h Your vehicle      Other party's vehicle Speed before danger arose, km/h Own vehicle      Other party's vehicle	<b>Road No.</b> Your vehicle      Other party's vehicle  <b>Type of road</b> 1 Street or similar 2 Motorway 3 Highway 4 Other public road 5 Private road 6 Other road or area Your vehicle      Other party's vehicle	Did the accident occur in an urban area? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <b>Road surface</b> <input type="checkbox"/> 1 No snow, dry <input type="checkbox"/> 2 No snow, wet <input type="checkbox"/> 3 Covered with snow or icy <b>Light</b> <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dawn on dusk <input type="checkbox"/> 3 Dark, lit road <input type="checkbox"/> 4 Dark, unlit road

<b>Responsibility</b>	Whom do you hold responsible for the accident?	Does s/he admit responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Alcohol</b>	Was any of the parties involved under the influence of alcohol?	Own vehicle <input type="checkbox"/> No <input type="checkbox"/> Yes	Other party's vehicle <input type="checkbox"/> No <input type="checkbox"/> Yes	Was a blood test taken? <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>Police investigation</b>	Did the police visit the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a police investigation been carried out? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Witnesses</b>	Name	Phone number during daytime	Name	Phone number during daytime
	Street address		Street address	
	Postal code	City	Postal code	City

<b>Signatures</b>	Place, date, policyholder's signature and name in block letters	Place, date, driver's signature and name in block letters
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Insurance companies have a joint non-life insurance data system from which your claims made to different companies can be verified in connection with the handling of your claim (Decision No. 1/5 March 2001 of the Data Protection Board).

## **INSTRUCTIONS**

Use this form to report a road accident or motor vehicle damage. Damage to vehicles must as a rule be inspected, either at a repair shop or inspection station.

### **Send the report to the following address**

A-Vakuutus/Autovahinko  
P.O. Box 551  
FI-00013 Pohjola