

- i** In case of an accident you may be entitled to compensation for loss of earnings from some other source than Kela, for instance the insurance company. We need information about the accident so that we know which compensation you are primarily entitled to.
- From the sickness allowance paid by Kela we deduct compensations that some other source has paid under law for the same time and the same incapacity for work.
- However, the sickness allowance is not reduced by compensations that the insurance company pays for accidents during leisure time on the basis of a voluntary insurance.

1. Claimant

Personal identity code

Family name and given name

Phone number

E-mail

- i** Kela obtains the address data from the population data system.

2. In what kind of situation has the accident or injury occurred?

Read the questions one by one and reply to all yes/no alternatives. Please also reply to the follow-up questions, if required. Give the required description under section 5.

a. **During leisure time** No Yes

b. **At work** or on the way to or from work, or an occupational disease is suspected No Yes

When yes, indicate whether you work

• in your own company No Yes

• in salaried work or as an agricultural entrepreneur No Yes

c. **In traffic** No Yes

What type of motor vehicle caused the injury? _____

Register number, if known _____

d. **Following an assault** or other crime No Yes

Name of the offender, if known _____

Have you filed a report of an offence? No Yes; when _____

Police station and locality _____

3. Compensation liability for the accident

Have you claimed or received compensation from some other source?

No Yes; please specify (for instance name of insurance company)

i If the reason for incapacity for work is an occupational disease or industrial accident, a traffic accident or an injury due to a crime, you must find out if you can receive compensation from some other source than Kela, for instance from the insurance company.

If you are a self-employed person and you have insurance for the working hours in accordance with the Act on Employment Accidents and Occupational Diseases, indicate whether you have claimed or received compensation from such an insurance. If you have not yet claimed compensation, you must find out from your insurance company whether you are entitled to this kind of compensation.

4. Time of accident

Report the time of the accident as exactly as possible

Date _____ Time _____

As regards occupational diseases, please specify; what type of disease, when and how was it confirmed.

5. Describe what happened and how the injury occurred

Supplement the information on how the injury occurred and how the accident happened. Indicate how you were injured and what injuries the accident caused. Indicate other factors which affected events.

6. Signature

Place and date

Signature

