

Damage report on a traffic accident and motor vehicle damage

Driver

Own vehicle (No. 1):

Name	Personal identity code
Phone home/work	
Address	Postal code and city/town
E-mail address	Driving licence 1 yes 2 no
Date of first issuance of driving licence	Driving licence category

Other party's vehicle (No. 2)

Number of vehicles involved	
Name	Personal identity code
Phone home/work	
Address	Postal code and city/town
E-mail address	Driving licence 1 yes 2 no

Holder

Own vehicle (No. 1):

Name

Personal identity code/Business ID

Phone home/work

Address

Postal code and city/town

Other party's vehicle (No. 2):

Name

Personal identity code/Business ID

Phone home/work

Address

Postal code and city/town

Owner

Own vehicle (No. 1):

Name

Personal identity code/Business ID

Phone home/work

Other party's vehicle (No. 2):

Name

Personal identity code/Business ID

Phone home/work

Vehicle

Own vehicle (No. 1):

Registration number

Type (passenger car, etc.)

Make and model

First year of service

Motor liability insurance company

Vehicle insurance company

Leased vehicle 1 yes 2 no

Company vehicle 1 yes 2 no

Other party's vehicle (No. 2):

Registration number

Type (passenger car, etc.)

Make and model

First year of service

Motor liability insurance company

Vehicle insurance company

Leased vehicle 1 yes 2 no

Company vehicle 1 yes 2 no

Trailer

Own vehicle (No. 1):

Trailer was used 1 yes 2 no

Registration number

Motor liability insurance company

Vehicle insurance company

Other party's vehicle (No. 2):

Trailer was used 1 yes 2 no

Registration number

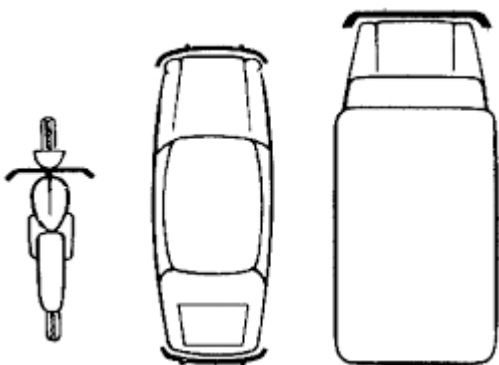
Motor liability insurance company

Vehicle insurance company

Damage sustained by vehicle

Own vehicle (No. 1):

Indicate the damaged areas by darkening them in the picture. The inspection of damages must be scheduled with the insurance company before performing repairs.



The accident happened

1 at work

2 during commute

3 on the way to school

4 during leisure time

Severity of injuries

1 minor injuries

2 serious injuries

3 deceased

Personal injuries, other party's vehicle (No. 2):

In other vehicles

injured persons

fatalities

Outside of vehicles

injured persons

fatalities

Name

Personal identity code

Phone home/work

Address

Postal code and city/town

The injured person was in vehicle no.

1 driver

2 front seat passenger

3 other passenger

4 not in a vehicle

The accident happened

1 at work

2 during commute

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Severity of injuries

1 minor injuries

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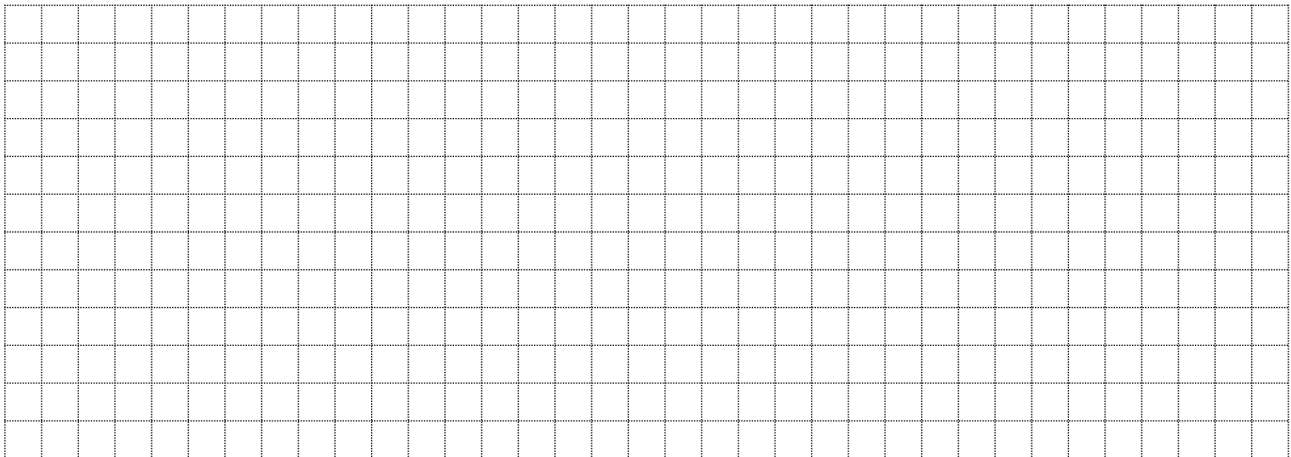
Use several forms if more than two vehicles were involved or more than two people were injured.

Illustration of the accident site

Draw and mark the streets and roads including their names, the location of the vehicles at the time of accident, driving directions with arrows and traffic signs.

Own vehicle 1

Other vehicle 2



How did the accident happen

Date and time, location and conditions

Date and time of accident

Day of the week

Municipality where accident happened

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

Location

1 railway crossing

2 intersection of private road or area

3 non-yielding intersection

4 equal crossroads

5 bridge

6 curve

7 straight road

8 parking lot, market square yard service station or equivalent

9 other area

Traffic lights

1 no traffic lights

2 traffic lights were in operation

3 traffic lights were not in operation

Speed limit in the area of accident

own vehicle (km/h)

other vehicle (km/h)

Speed before the accident

own vehicle (km/h)

other vehicle (km/h)

Road number

own vehicle

other vehicle

Did the accident happen in a population centre area?

1 yes

2 no

Type of road

own vehicle

other vehicle

1 street or equivalent

1 street or equivalent

2 motorway

2 motorway

3 major road

3 major road

4 other public road

4 other public road

5 private road

5 private road

6 other road or area

6 other road or area

Road surface

1 bare, dry

2 bare, wet

3 snowy or icy

Lighting

1 daylight

2 dusk

3 dark, streetlights

4 dark, no streetlights

Fault

Who in your opinion is at fault in the accident?

Does the party admit their fault?

yes

no

Intoxication

Were any of the persons involved in the accident under the influence of alcohol or other narcotics?

yes

no

Who?

Police investigation

Did the police arrive at the scene?

yes

no

Was a police investigation conducted?

yes

no

Witnesses

Witness 1

Name

Phone home/work

Address

Postal code and city/town

Witness 2

Name

Phone home/work

Address

Postal code and city/town

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

Signatures

Place and date

Policyholder's signature and name in print

Place and date

Driver's signature and name in print

The Finnish Motor Insurers' Centre
P.O. Box 2, FI-00084 INSURANCE CENTRE
Phone +358 40 450 4520
www.lvk.fi/en/

Form approved by motor vehicle insurance companies