ESPOO
ESBO

Claim for compensation

1. Claimant

Name	Date of birth or vehicle registration number
Address	Postal code and city/town
Bank account details	Email address
Telephone (home)	Telephone (work)

2. Details of accident If you have added a police investigation record to your claim form, separate documents are not needed

Date Time	Accident location (attach map/drawing)
☐ Pedestrian crossing ☐ Road ☐ Pavement / bicycle path ☐ Construction site	
☐ Park path ☐ Yard	Other area, please specify ☐
Street and building number where accident occurred	Accident occurred ☐ In leisure time ☐ On the way to/from work
Road/street conditions ☐ Snowless / Dry ☐ Moist / Wet ☐ Snowy ☐ Slushy ☐ Icy	
Road/street surface ☐ Gritted ☐ In poor condition	Weather ☐ Dry ☐ Fog ☐ Rain ☐ Snow
Was the injured person under the influence of alcohol? ☐ No ☐ Yes	
In case of slipping, a description of the injured person's shoes at the time of the accident	
Have you contacted the customer service of Espoo's Public Works Department to find out who is responsible for the maintenance of the location?	☐ No ☐ Yes
Did you notify the property/building manager or organisation responsible for maintenance?	☐ No ☐ Yes
Date of notification Name of the person you notified	
Brief description of what happened and the cause of the accident (more detailed description in a separate document)	☐ Police investigation was conducted

3. Damage / claim

Damage to property, vehicle damage (attach an estimate of repair costs)

Repair costs, €	Other costs (description in section 4)

Damage to property, other damage to property

Repair costs, € (original receipts attached) or current value of the item, € Date/year of purchase Price at the time of purchase, €

Other costs, € (description in section 4)

Personal injury

Costs, €
(receipts and medical statements will be requested from the claimant separately)

- ☐ medical certificate
- ☐ medication
- ☐ treatment costs
- ☐ travel

Loss of income, € (employer's statement attached) Pain and suffering, € Other costs, € (description in section 4)

Total claims, €

☐ The claim will be specified later

4. Additional information

Did you seek compensation from somewhere else (e.g. insurance company)?
☐ No ☐ Yes, please specify

☐ Map/drawing of the place of the accident attached (required) ☐ Other information attached, number of documents

5. Signature

Date	Place	Signature

Submit the form to:
City of Espoo / Registry Office
P.O. Box 1
02070 CITY OF ESPOO
or by email to kirjaamo@espoo.fi

Street address of the Registry Office:
Siltakatu 11, Entresse shopping centre, 3rd floor