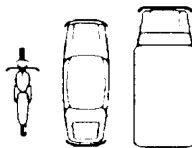
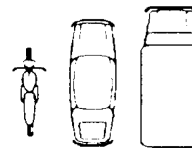


**Loss report**

Clear

Road accident and motor vehicle damage

	Own vehicle (No. 1)	Policy code	Other party's vehicle (No. 2)	Number of vehicles involved
Driver	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
Driving licence	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	
Holder of vehicle	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	
Owner of vehicle	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	
Vehicle	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
Trailer	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
Vehicle damage	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	
Bank connection	IBAN	BIC	IBAN	BIC

	Your vehicle	Other vehicles	Outside the vehicles	
	Number of people injured	Number of people injured	Number of people injured	
	Number of dead	Number of dead	Number of dead	
Bodily injuries	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.	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	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
	<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	Degree of injury <input type="checkbox"/> 1 Slight <input type="checkbox"/> 2 Severe <input type="checkbox"/> 3 Dead	<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	Degree of injury <input type="checkbox"/> 1 Slight <input type="checkbox"/> 2 Severe <input type="checkbox"/> 3 Dead

For more rapid claims settlement, call 010 253 1333 and www.a-vakuutus.fi

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 OP