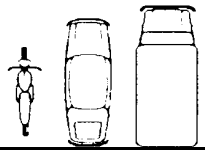
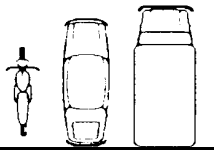
Loss report

Road accident and motor vehicle damage

Clear

	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 ☐ Yes 1 ☐ No 2	First driving licence issued in (year) / Driving licence class	Driving licence ☐ Yes 1 ☐ No 2	
Holder of vehicle	Name and e-mail address		Name and e-mail address	
	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	
Owner of vehicle	Name		Name	
	Personal identity number / Company code	Phone number during daytime		
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 ☐ Yes 1 ☐ No 2	Company vehicle ☐ Yes 1 ☐ No 2	Leasing vehicle ☐ Yes 1 ☐ No 2	Company vehicle ☐ Yes 1 ☐ No 2
Trailer	Was trailer in use? ☐ Yes 1 ☐ No 2	Registration number	Was trailer in use? ☐ Yes 1 ☐ No 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. 	
Bank connection	Name of account holder		Name of account holder	
	IBAN	BIC	IBAN	BIC

	Your vehicle	Other vehicles	Outside the vehicles
	Number of people injured / Number of dead	Number of people injured / Number of dead	Number of people injured / 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. ☐ 1 Driver ☐ 2 Passenger in front seat ☐ 3 Passenger elsewhere ☐ 4 Outside the vehicle	Injured party was in vehicle No. ☐ 1 Driver ☐ 2 Passenger in front seat ☐ 3 Passenger elsewhere ☐ 4 Outside the vehicle	
	Circumstances ☐ 1 Work ☐ 2 On way to/ from work ☐ 3 On way to / from school ☐ 4 Leisure time	Circumstances ☐ 1 Work ☐ 2 On way to/ from work ☐ 3 On way to / from school ☐ 4 Leisure time	
	Degree of injury ☐ 1 Slight ☐ 2 Severe ☐ 3 Dead	Degree of injury ☐ 1 Slight ☐ 2 Severe ☐ 3 Dead	

OP Insurance Ltd, business ID 1458359-3
Gebhardinaukio 1, FIN-00013 OP, domicile: Helsinki
107055 e

Sketch of scene of accident

Sketch and indicate
- **streets and roads with names**
- **position of vehicles at time of accident**
- **direction of approach of vehicles, with an arrow**
- **road signs**

Your vehicle 1

Other party's vehicle 2

How did the accident occur?

☐ For more details, see appendix

Date, time, place and circumstances

Date and time of accident | Day of week | Locality

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

Place of accident
- ☐ 1 Level crossing
- ☐ 2 Junction of private road or private grounds
- ☐ 3 Junction with priority road
- ☐ 4 Junction with equal priority
- ☐ 5 Bridge
- ☐ 6 Bend
- ☐ 7 Straight road
- ☐ 8 Parking area, square, yard, service station or similar
- ☐ 9 Other

Traffic lights
- ☐ 1 None
- ☐ 2 Working
- ☐ 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

Road No.
Your vehicle | Other party's vehicle

Type of road — Your vehicle — Other party's vecihle
- 1 Street or similar
- 2 Motorway
- 3 Highway
- 4 Other public road
- 5 Private road
- 6 Other road or area

Did the accident occur in an urban area?
☐ Yes 1 ☐ No 2

Road surface
- ☐ 1 No snow, dry
- ☐ 2 No snow, wet
- ☐ 3 Covered with snow or icy

Light
- ☐ 1 Daylight
- ☐ 2 Dawn on dusk
- ☐ 3 Dark, lit road
- ☐ 4 Dark, unlit road

Responsibility

Whom do you hold responsible for the accident?

Does s/he admit responsibility ☐ Yes ☐ No

Alcohol

Was any of the parties involved under the influence of alcohol?

Own vehicle ☐ No ☐ Yes

Other party's vehicle ☐ No ☐ Yes

Was a blood test taken? ☐ No ☐ Yes

Police investigation

Did the police visit the scene? ☐ Yes ☐ No

Has a police investigation been carried out? ☐ Yes ☐ No

Witnesses

Name | Phone number during daytime

Street address

Postal code | City

Name | Phone number during daytime

Street address

Postal code | City

Signatures

Place, date, policyholder's signature and name in block letters

Place, date, driver's signature and name in block letters

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).

Clear

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

OP/Autovahinko
P.O. Box 550
FI-00013 OP