

- i** If an accident occurs an insurance company may be liable to pay compensation if the matter concerns, for instance, an accident at work or a traffic accident. The entitlement to sickness allowance cannot be determined without information on whether compensation will also be paid on the basis of some other Act, e.g. the Workers' Compensation Act. Voluntary insurance does, as a rule, not affect the sickness allowance paid by Kela.

1. Information about the claimant

Personal identity code

Family name and given name

Telephone 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 employment or

 No Yes

as an agricultural entrepreneur

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 (name of insurance company)

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

Date

Signature

