

☐ Dispute

☐ Criminal case

At which LocalTapiola regional company are you a customer?

Policyholder	Name		Personal identity code/business ID
	Street address	Postcode	City
	Profession, or company's line of business		
	Email address		Telephone number
The insurance under which you seek legal cover	Insurance class		Customer identifier/insurance number
	Previous insurance company		Vehicle registration number
The insured party for whom legal cover is sought (if different from the policyholder)	Name		Personal identity code/business ID
	Street address	Postcode	City
	Profession, or company's line of business		
	Email address		Telephone number
The injured party's capacity	The person for whom legal cover is sought is		
	<input type="checkbox"/> the policyholder himself/herself <input type="checkbox"/> someone living in the same household with the policyholder on a permanent basis as of ____ / ____ 20____		
	<input type="checkbox"/> someone in the policyholder's employ <input type="checkbox"/> a member of the Association as of ____ / ____ 20____		
	<input type="checkbox"/> the vehicle owner <input type="checkbox"/> the vehicle holder <input type="checkbox"/> the vehicle driver		
	Are you eligible to deduct for tax purposes the value added tax included in your expenses?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Dispute	Description of the event on which your legal expenses matter is founded:		
	When did the event or circumstance on which the relevant claim is based materialise		
	When was the claim contested	The party presenting the claim <input type="checkbox"/> the insured party <input type="checkbox"/> the opposing party	The amount of the claim
Information on the opposing party	Name of the opposing party		
	Address of the opposing party	Postcode	City
Report by the insured party on the matter for which the legal expenses benefit is sought in a dispute			
Planned measures	What measures have been taken in respect of the matter		

Response to the claim	On what grounds does the insured party/opposing party contest the claim; or the opposing party's response to the matter. Copies of the correspondence between the relevant parties on the matter to be enclosed with your application.		
2. Criminal case	Offence on which your legal expenses matter is founded		
	Date on which the offence was committed	Date on which criminal prosecution was opened	
	The insured party is the <input type="checkbox"/> defendant <input type="checkbox"/> injured party <input type="checkbox"/> other position, what		
Information on the opposing party	Name of the opposing party		
	Address of the opposing party	Postcode	City
Claims in the criminal case	What compensation are you claiming from the opposing party (other than legal expenses)		
Other applicants	The other parties on the same side in the case and their insurance company		
The insured party's account number	The insured party's account number		
	Account holder		
Attorney	The following lawyer and firm are proposed to take care of the case		
	Email address		
	Street address	Postcode	City
	Telephone number	Business ID	
Enclosed documents	Enclose copies of the following documents <input type="checkbox"/> summons <input type="checkbox"/> response to the summons <input type="checkbox"/> deed of sale <input type="checkbox"/> court judgment <input type="checkbox"/> other evidence document(s)		
Signature and authorisation	<p>I confirm that the information provided in this application is true and correct.</p> <p>I consent to my insurance policies which relate to the handling of this insured event, as well as any information on this claim, being disclosed to my attorney shown above.</p> <p>In addition, I consent to my attorney receiving any insurance compensation which may be granted.</p> <p>Location and date The insured party's signature and name in block letters</p>		