









Instructions for filling a claim expense form for private accident insurance

Authentication

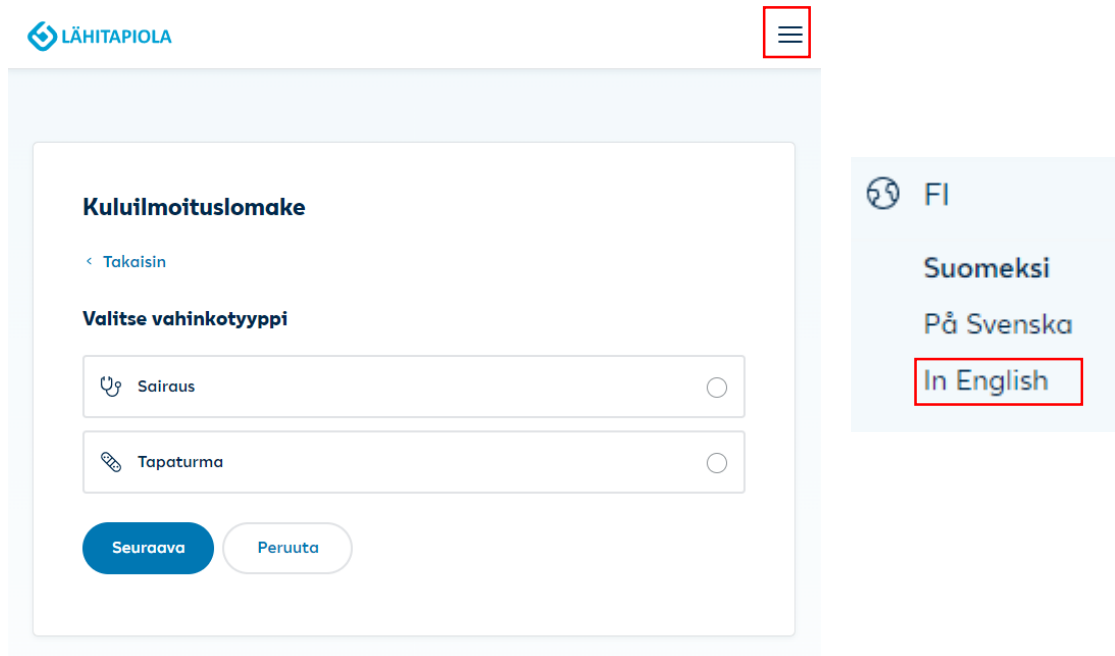
Valitsemalla tunnistuksen toteuttajan allaolevasta valikosta (pankki tai mobiilivarmenne) hyväksyn sen, että Signicat tunnistusvälityspalvelu välittää tunnistusta varten henkilötietoni (hetu, nimi) pankilta tai mobiilivarmenneen tarjoajalta palvelun tarjoamista varten. [Tunnistuseriaatteen](#)

 Mobiilivarmenne	Mobiilivarmenne	>
	Nordea	>
	OP	>
	Danske Bank	>
	Aktia	>
	OP Bank	>

POWERED BY SIGNICAT

- First please authenticate using a mobile or banking authentication

Select form language



The screenshot shows the LÄHITAPIOLA website interface. At the top left is the logo and name 'LÄHITAPIOLA'. At the top right is a red-bordered menu icon. The main content area is titled 'Kuluilmoituslomake' and includes a back arrow and the text '< Takaisin'. Below this is the heading 'Valitse vahinkotyyppi' followed by two radio button options: 'Sairaus' and 'Tapaturma'. At the bottom of the form are two buttons: 'Seuraava' (Next) and 'Peruuta' (Cancel). To the right of the form, a language selection menu is open, showing 'FI' with a globe icon, 'Suomeksi', 'På Svenska', and 'In English' (which is highlighted with a red box).

- Open the menu and select in English for English form

1. Select insurance

Claim expense form

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Choose accident type

Disease ✓

Choose the insurance you want to use

Working capacity insurance

Medical expense insurance

Worker's or entrepreneur's compensation insurance (occupational disease)

Accident ✓

Choose the insurance you want to use

Working capacity insurance

Medical expense insurance

Worker's or entrepreneur's compensation insurance or it's additional free time insurance

Private accident insurance

Next [Cancel](#)

- Please select are the expenses related to an occupational disease or accident covered by worker's compensation insurance, entrepreneurs insurance or additional insurance for free time
- Use these selections if you claim number begins with 150-, 250- or 350-

2. Necessary authorizations

Claim expense form

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In order to process your claim expense form we kindly ask for authorization for the following:

- I declare that information given in this claim expense form is correct. For ensuring quick processing of this claim expense form I give permission to use automatic claim handling.
- I authorize LocalTapiola to obtain claim-related medical information of insured person if necessary.
- I promise that I will not seek any insurance compensation for these claim expenses from another insurance company. I promise to keep safe all the expense related receipts and documents for one year. If I do not follow these instructions, LocalTapiola can collect already paid expenses in part or in full.
- I have received a partial compensation from Kela or the expense in question is not compensated by Kela. If Kela compensates a part of the expense, you must first claim for a compensation from Kela. After you have received a compensation decision from Kela you can fill this expense form. Please notice that Kela can compensate a part of medicine expenses or private sector medical treatment or examination expenses. Amount compensated by Kela must be known before filling the claim expense form.
- My claim documentation can be forwarded within LocalTapiola if I can claim compensation from another insurance.

[Next](#) [Cancel](#)

- Please give us the necessary authorizations to ensure efficient handling and to enable the use of possible complementary insurances in applicable cases

3. General information on filling the expense form

Claim expense form

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Information on filling a claim expense form

Your expense form will be directed to your claim case using accident number. Please enter your accident number carefully.

Received expense forms will be processed in arrival order.

You will receive a separate compensation decision for all compensated expenses.

[Next](#) [Cancel](#)


- On this page there are some general instructions that needs to be taken into consideration


4. Are reporting expenses for your own claim or on behalf of another person?

Claim expense form

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Are you filling the claim expense form for your own claim or on behalf of another person?

 Own claim

 On behalf of another person. I have power of attorney.

[Next](#) [Cancel](#)

- If you are reporting expenses to your own claim case please select own claim
- If you are reporting on behalf of another person then you must hold the power of attorney. Please select the on behalf of another person.

5A. Information of the informant

Claim expense form

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Information of the informant


First name

Last name

Personal identity code

No Finnish personal identity code

Phone number 

E-mail address (optional information) 

Street address

Post code

Area

- Please fill in your personal and contact information
- E-mail address, street address, postal code and area are optional
- Please note that if you do not have Finnish social security number you are required to give date of birth, gender and nationality

5B1. Information of the insured person

Claim expense form

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Information of the insured person


First name

Last name

Personal identity code

No Finnish personal identity code

Phone number 

E-mail address (optional information) 

- If you are reporting on behalf of another person please give her/his personal and contact information
- If insured person does not have Finnish social security number you are required to give her/his date of birth, gender and nationality

5B2. Power of attorney information

Claim expense form

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Power of attorney information

Please fill additional information on power of attorney.

Is claimant

Insured

Claim expense informant

Claimant bank account number (IBAN)

Is informant

Provider

Guardian

Person holding power of attorney

Employer or employers representative

Other person

- If you are reporting expenses on behalf of another person please select is the claimant insured or claim expense informant
- Please enter claimants Iban number
- Select also basis for the power of attorney

6. Adding a new claim

Claim expense form

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Claims expense information

Please add the claim number that is related to the expenses.

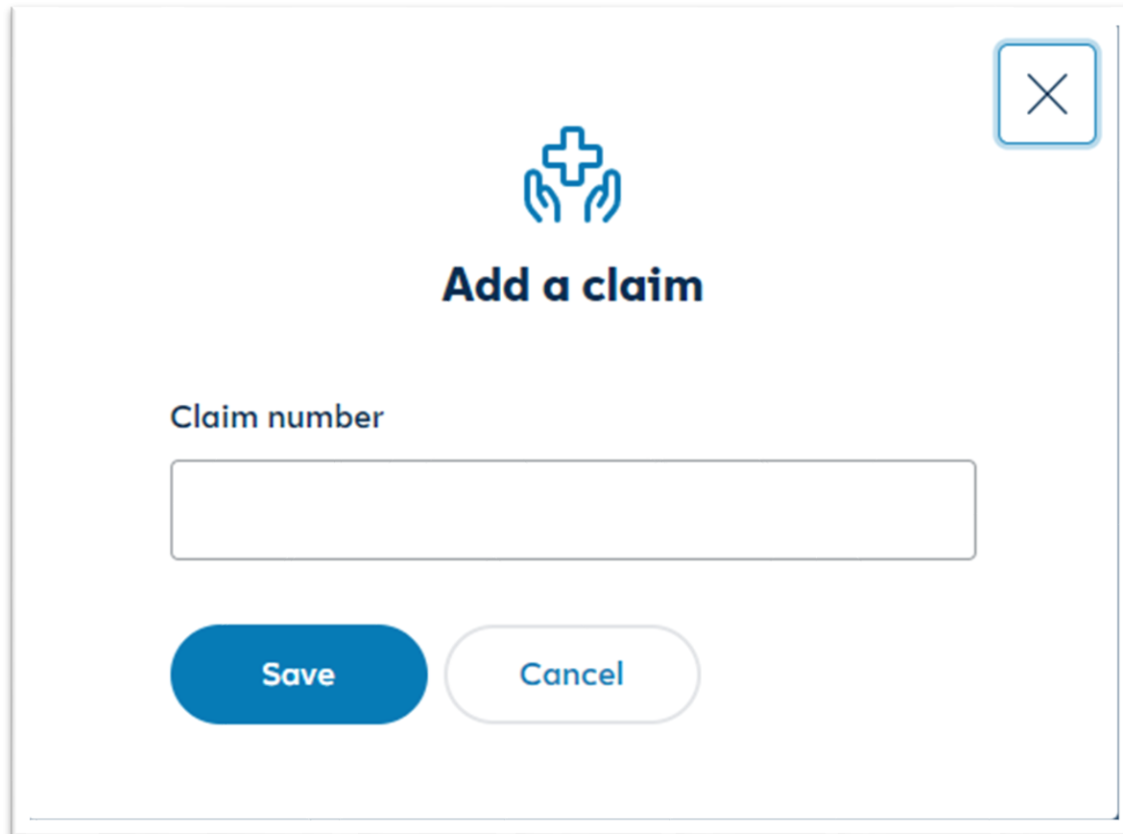
No added claim number yet.


[+ Add a new claim](#)


[Next](#) [Cancel](#)

- Enter a new claim by pressing add a new claim

7. Adding a claim number







Add a claim

Claim number

Save Cancel

- Please enter the claim number you want to use for filing expenses
- Be careful to enter the correct claim number because this number is used to direct the expense form to your claim case



8. Adding an expense under claim number

Claim expense form

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Claims expense information

Please add the claim number that is related to the expenses.

3531234567  

No added expenses yet.

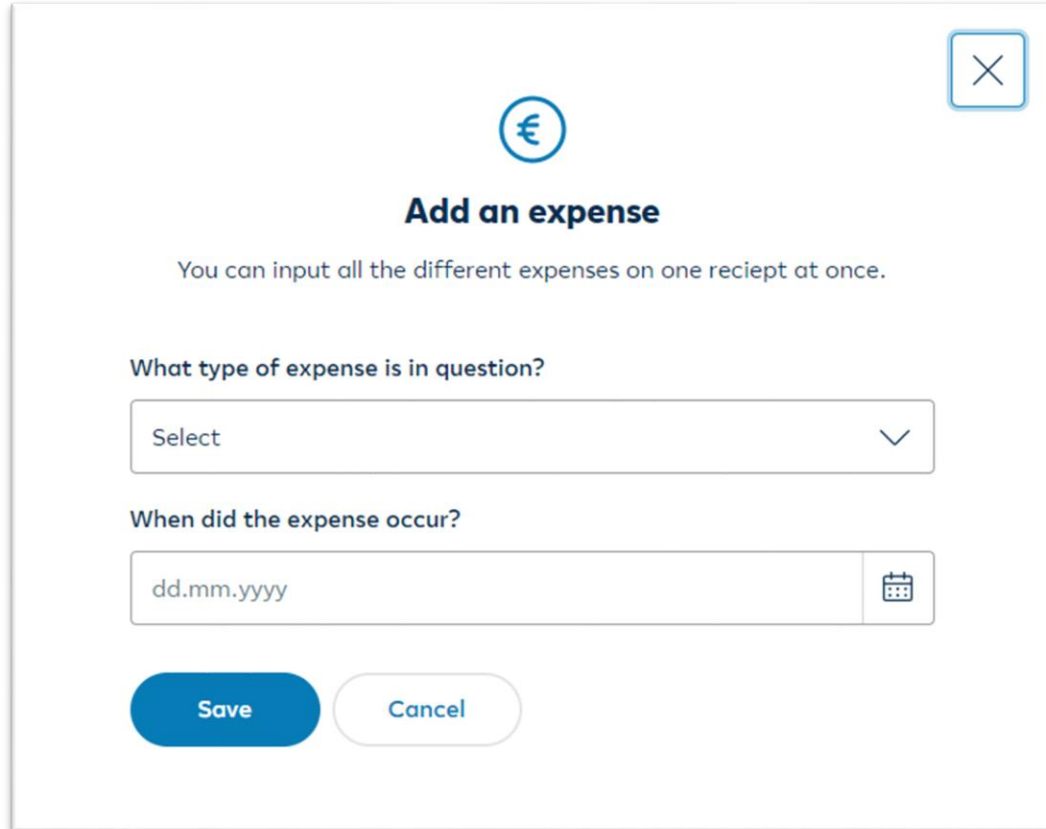
[Add an expense](#)


[Add a new claim](#)

[Next](#) [Cancel](#)

- You can now enter expenses under the claim number you just entered
- You can add multiple expenses under one claim at once
- Please note that you can add only five claims in one session

9. Adding expense information





Add an expense

You can input all the different expenses on one receipt at once.

What type of expense is in question?

Select

When did the expense occur?

dd.mm.yyyy

Save Cancel

- Please select correct expense from the list and give additional expense specific information
- Enter the date when the expense occurred. If expense covers a period, for example period or physical therapy, then enter starting date of the period
- Please give the amount of possible Kela-compensation and the total amount paid by expense
- When you have filled all necessary expenses please proceed to summary page

10. Summary



Claim expense form



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Summary

Check the information you report once more and send the claim.

Expenses

3531234567  

Doctor's fee  

Date of expense occurrence	01.10.2022
Expenses in total	€120.00
Kela-compensation in total	€12.00

Expenses in total €120.00

Claimant information

Claimant name

tes tes

Claimant bank account number (IBAN)

This bank account number will be used only for processing these claim expenses. If you want to change your bank account number permanently please contact our customer service. Phone number and e-mail address will saved to your customer information.

- Please check all entered information
- Enter your Iban number. If you are reporting on behalf of another person Iban number will filled based on what you previously filled.
- When everything is ready please press **submit**

12. Expense form has been submitted



Thank you! We have received your claim expense form!

Please hold on to your expense receipts. We do not need copies or pictures of the receipts in order to process your expenses.

We will contact you if receipt copies or additional information is required.

- Finally you will receive confirmation that filled for has been sent
- If there has been any issues with the transfer you will receive a warning on this page. Please send the ones not transferred again.
- Please keep all the expense related receipts and documents safe
- You can now close your web browser