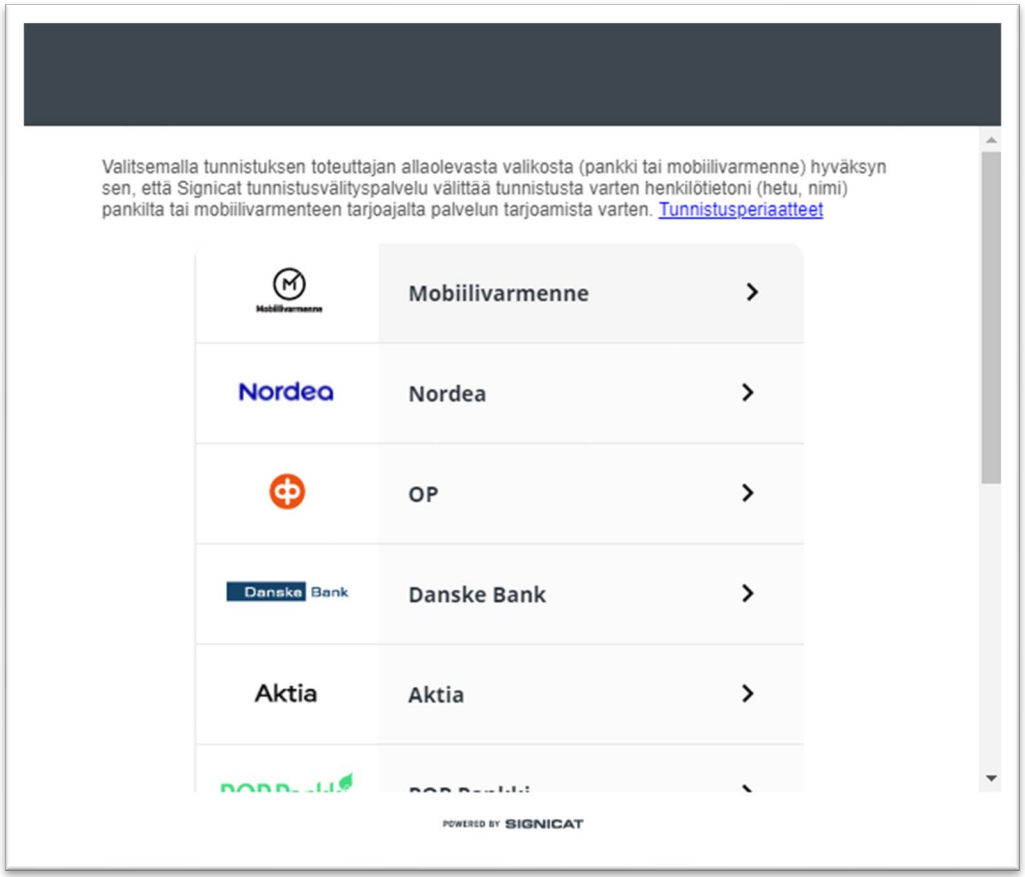


Instructions for filling a claim expense form for private accident insurance

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9/2026
V-OH-00130-en

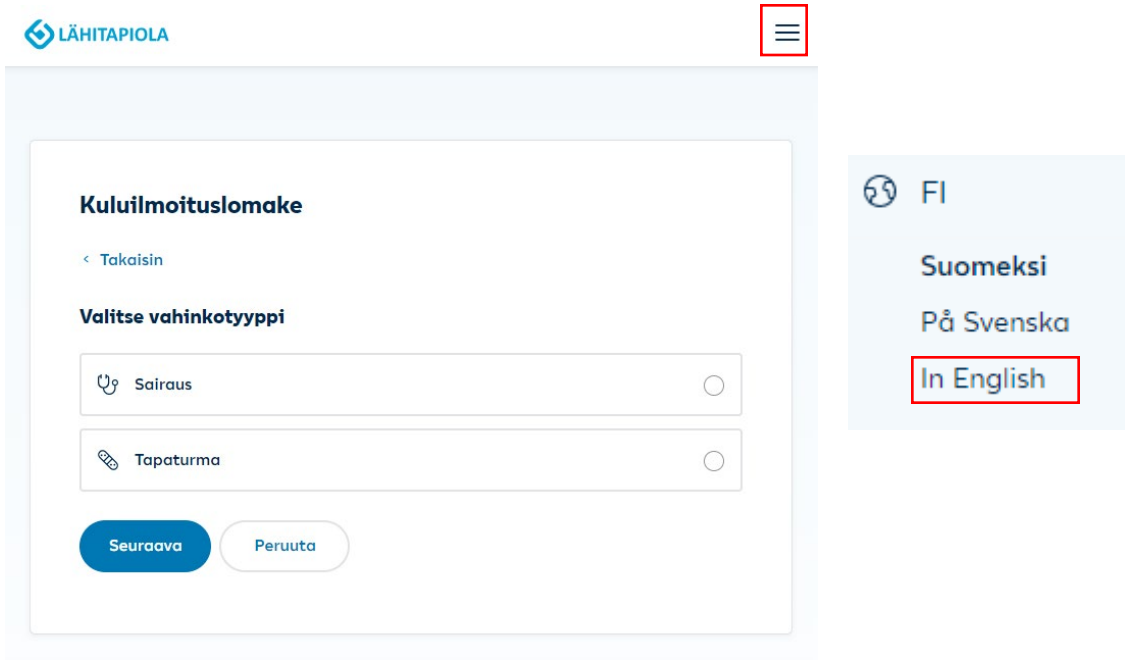
Authentication



- First please authenticate using a mobile or banking authentication

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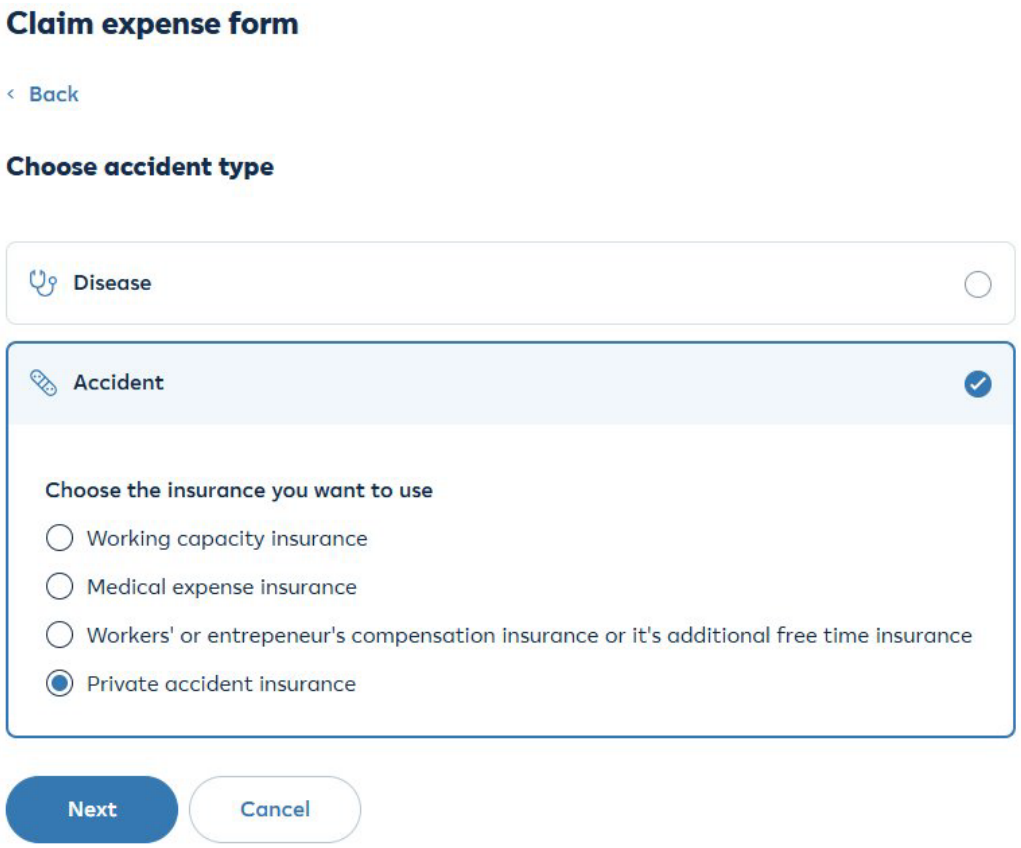
Select form language



- Open the menu and select in English for English form

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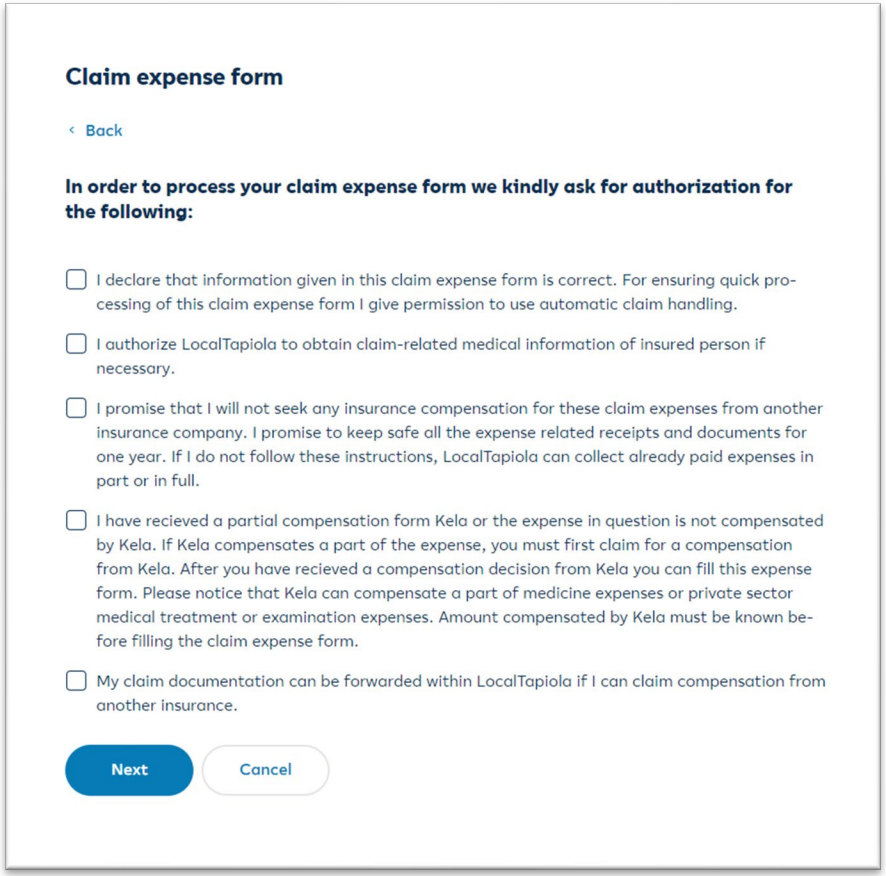
1. Select insurance



- Please select Private accident insurance from Accident menu

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2. Necessary authorizations



Claim expense form

‹ Back

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

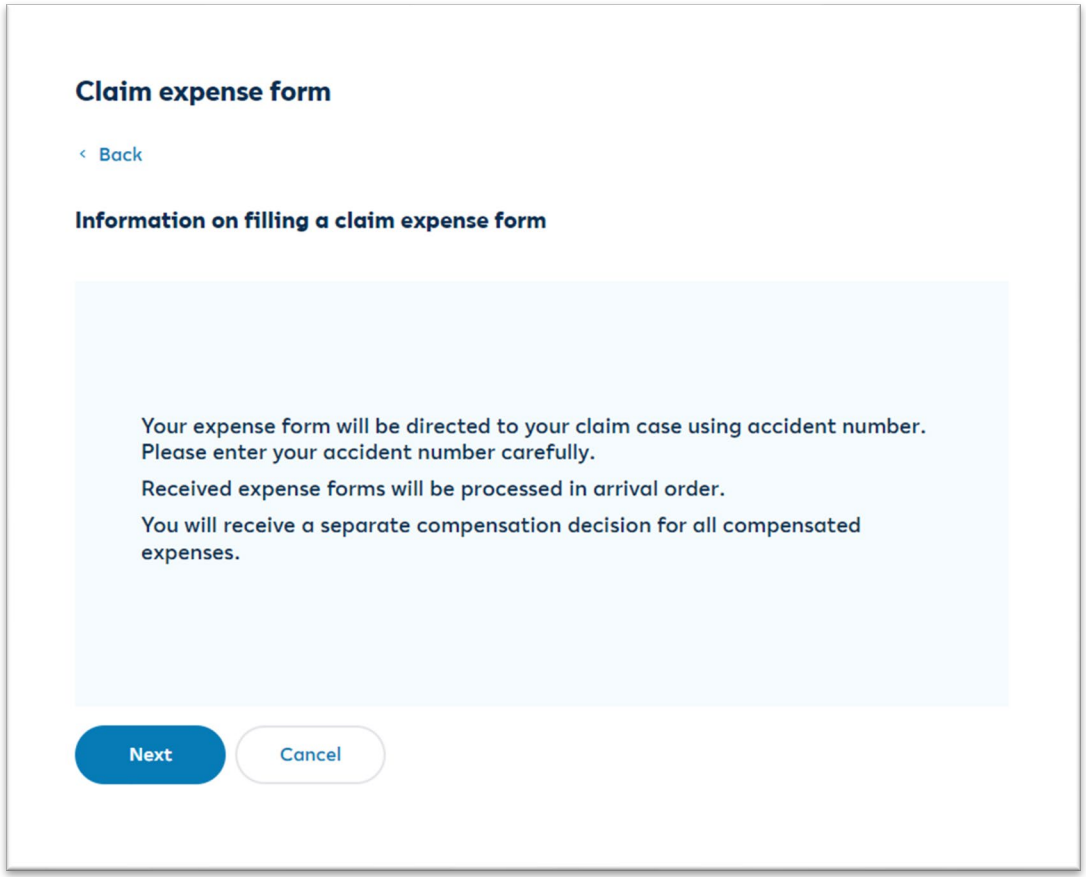
- ☐ I declare that information given in this claim expense form is correct. For ensuring quick processing of this claim expense form I give permission to use automatic claim handling.
- ☐ I authorize LocalTapiola to obtain claim-related medical information of insured person if necessary.
- ☐ I promise 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 recieved a partial compensation form 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 recieved 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 possible complementary insurances in applicable cases

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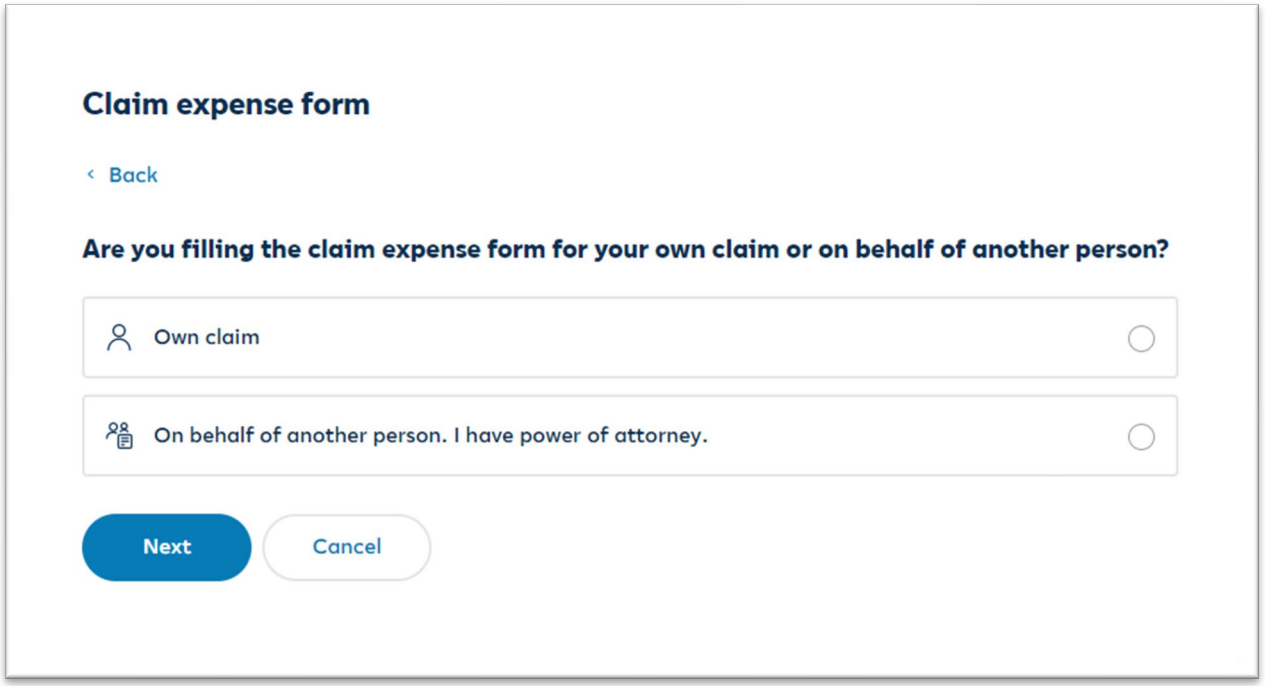
3. General information on filling the expense form



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

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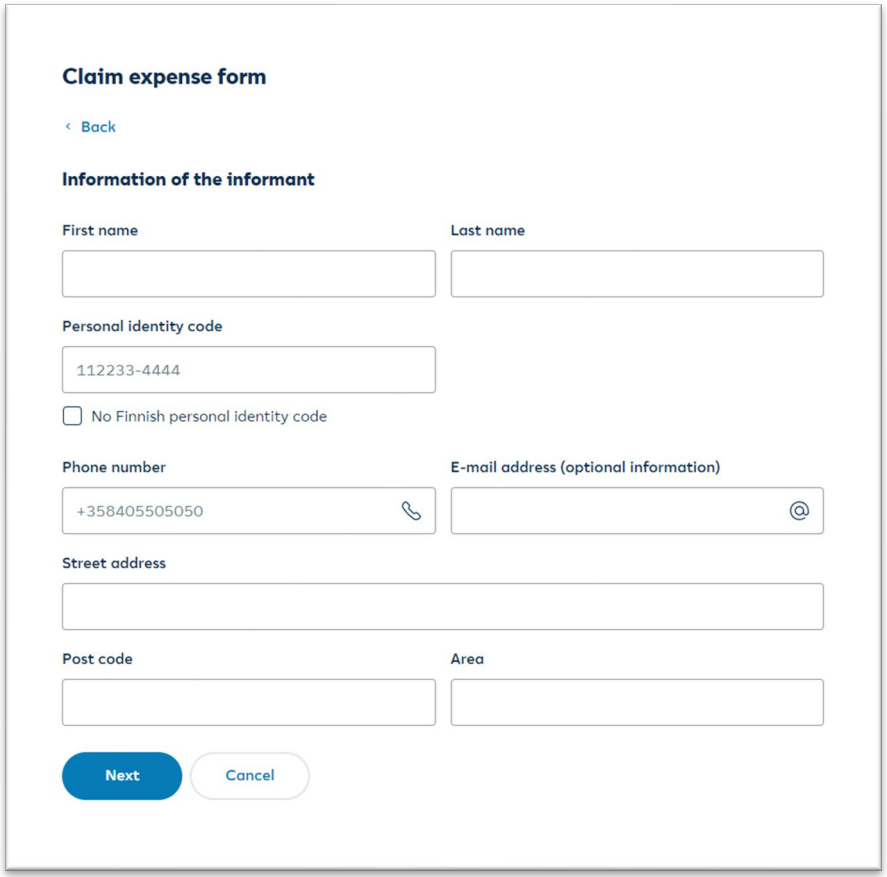
4. Are reporting expenses for your own claim or on behalf of another person?



- 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.

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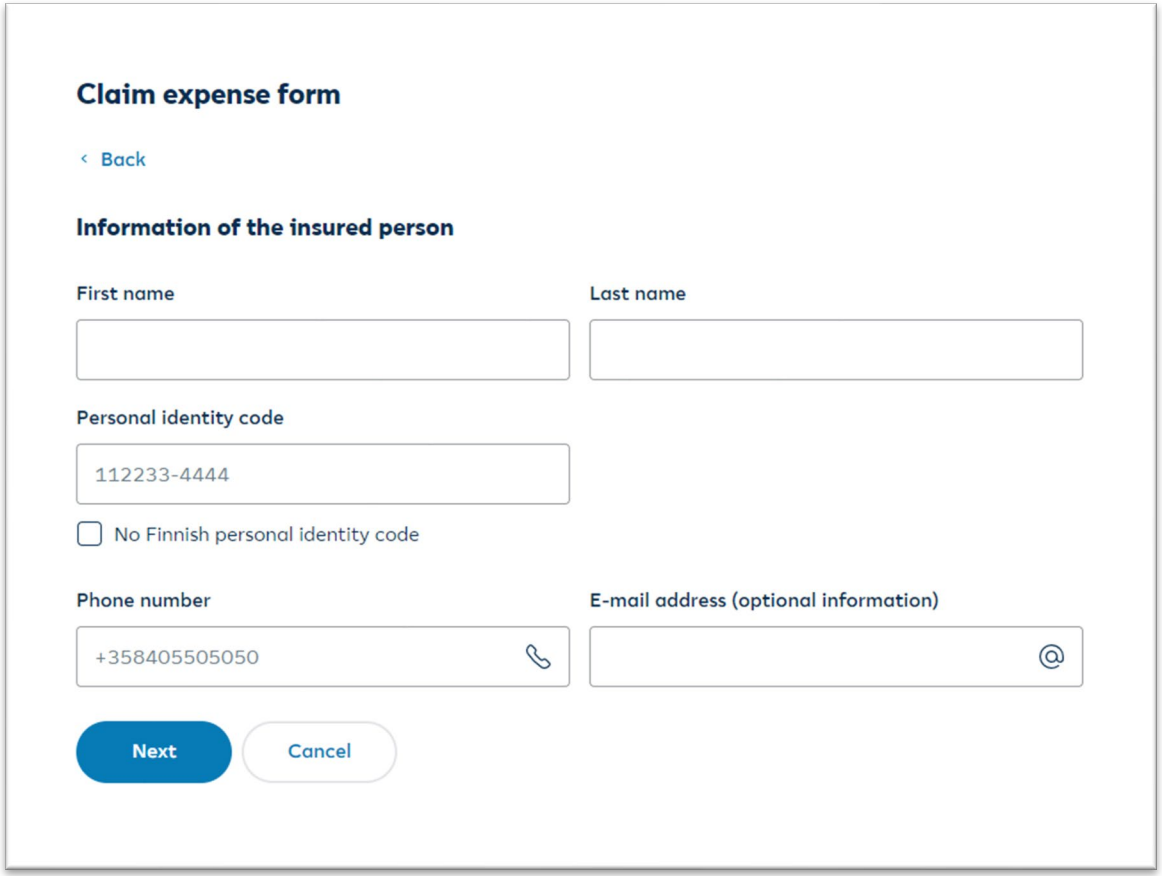
5A. Information of the informant



- 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

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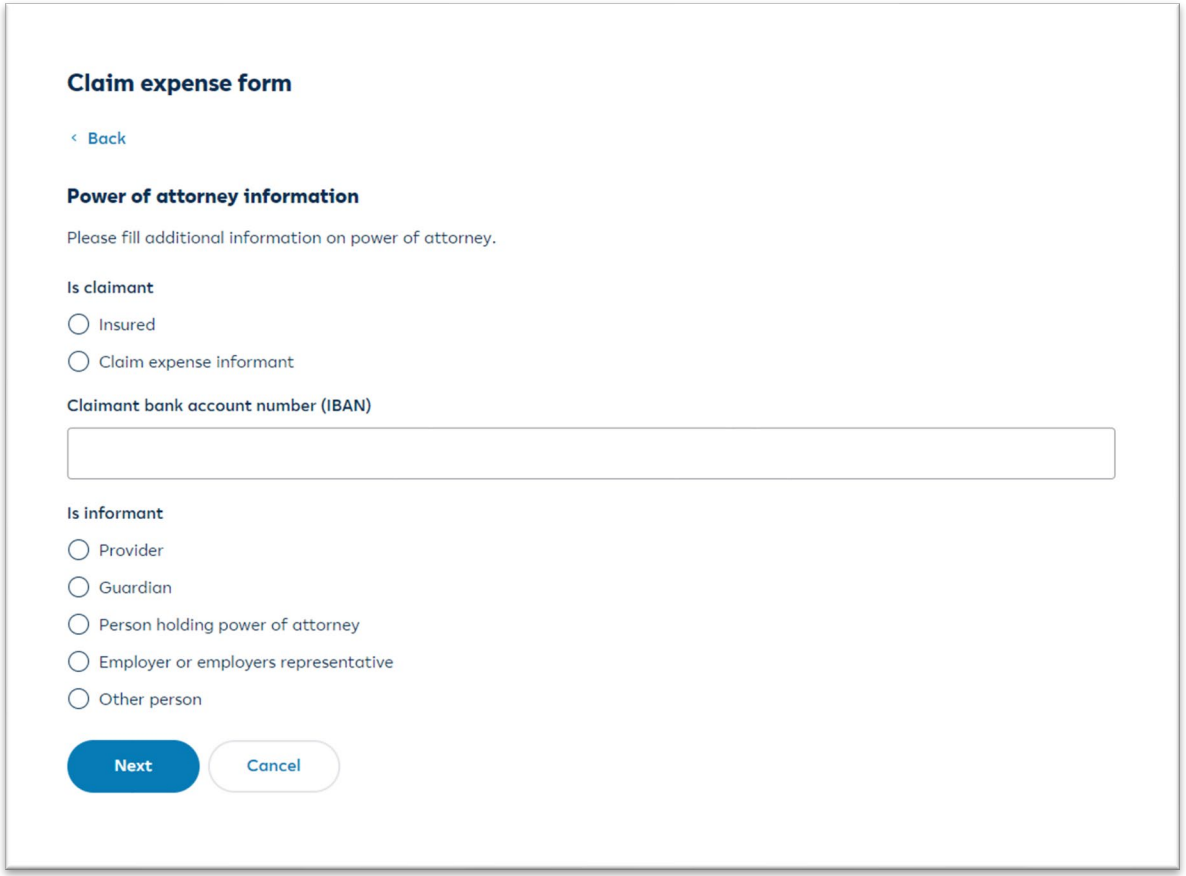
5B1. Information of the insured person



- If you are reporting on behalf of another person plase 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

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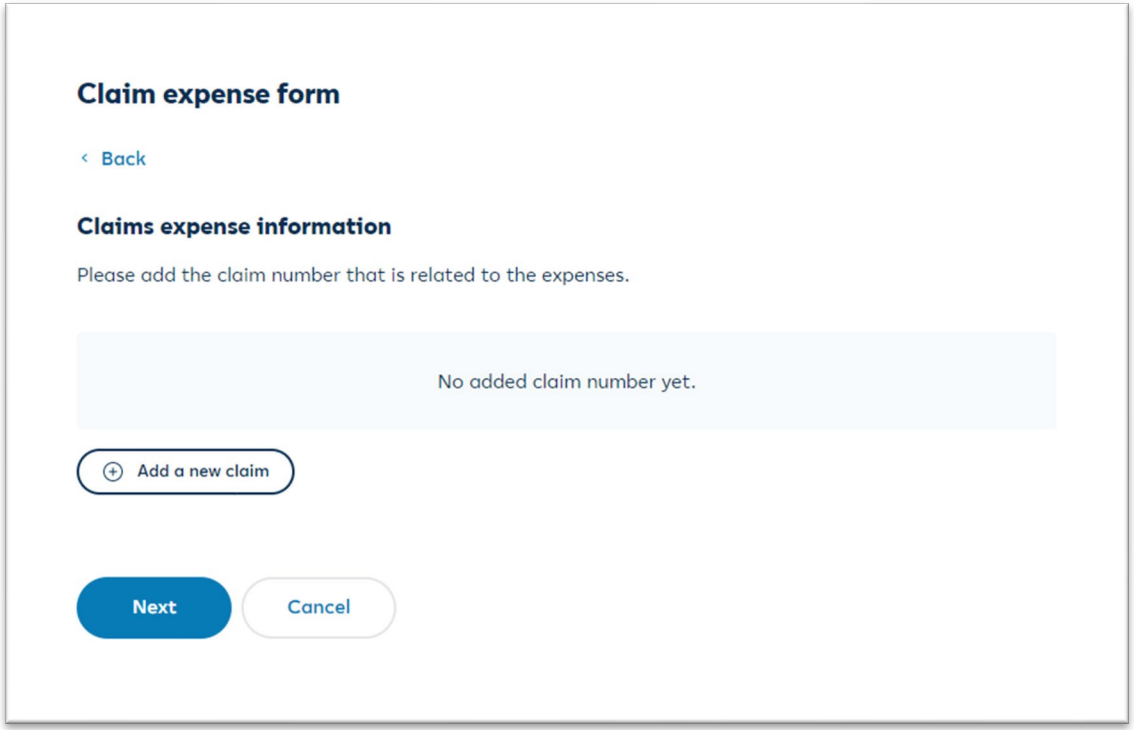
5B2. Power of attorney information



- 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

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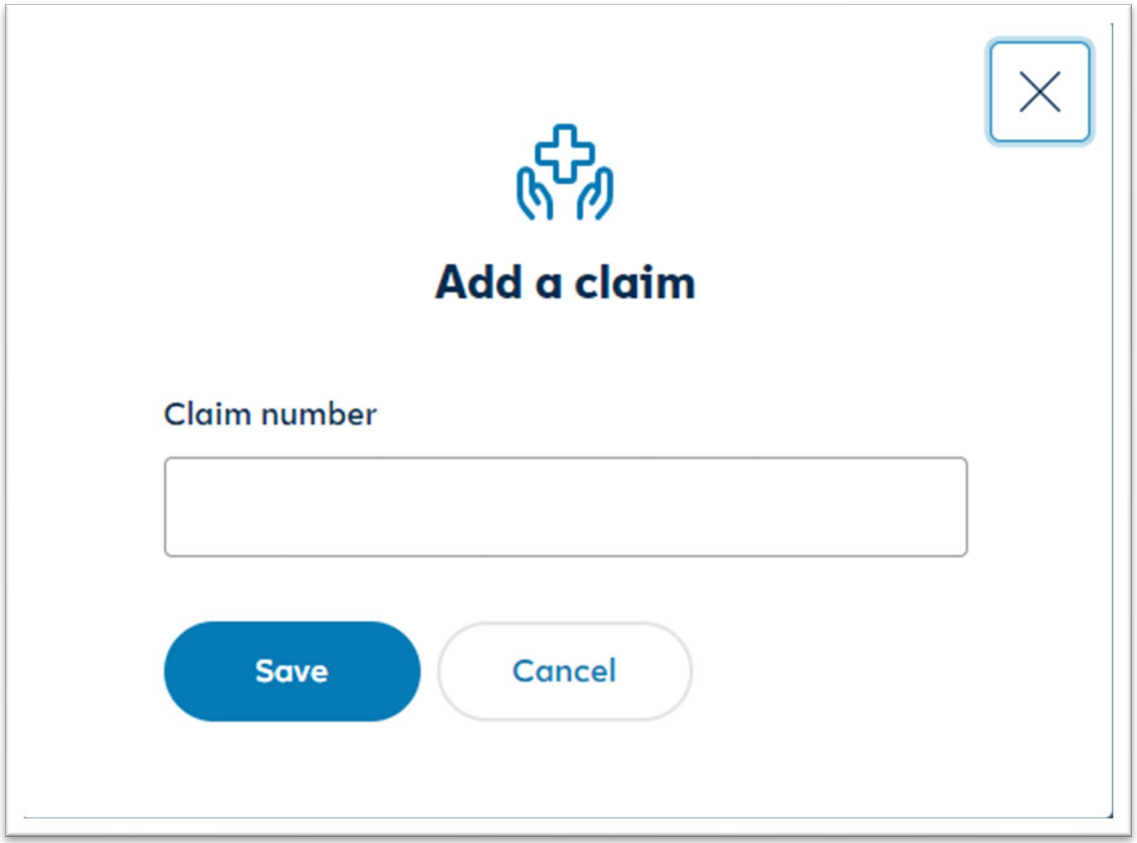
6. Adding a new claim



- Enter a new claim by pressing add a new claim

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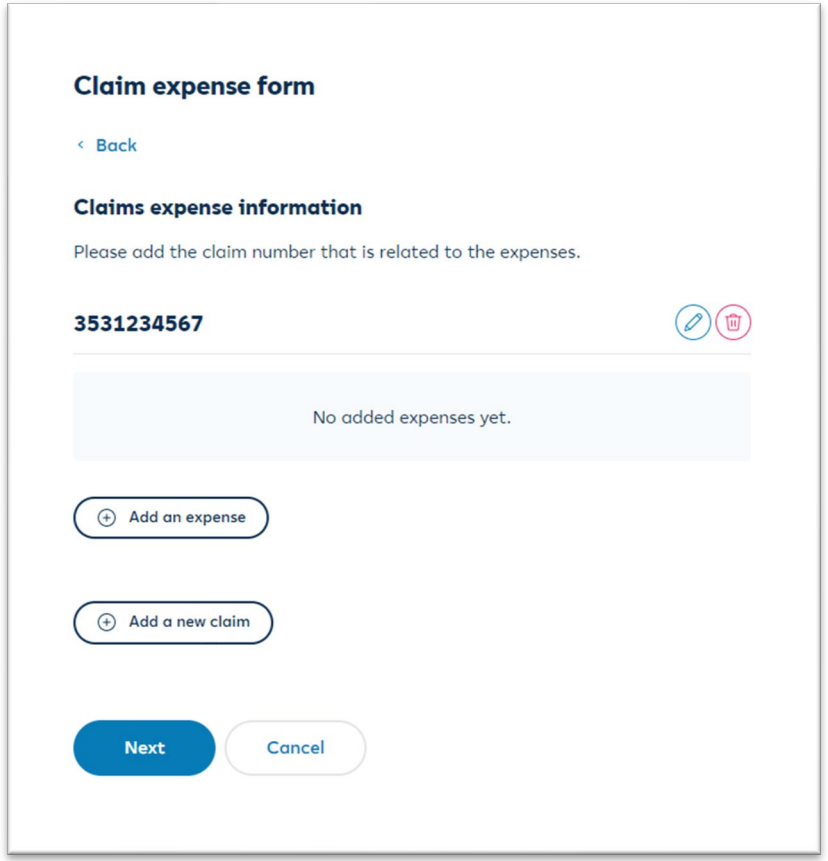
7. Adding a claim number



- 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

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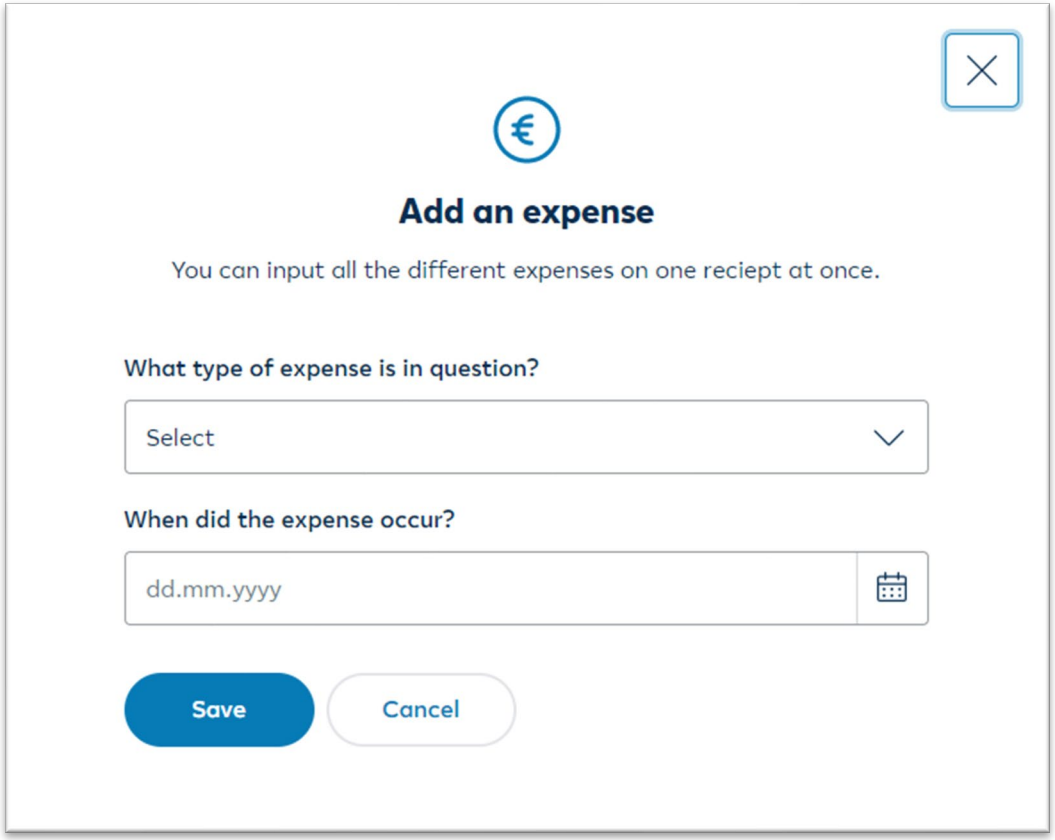
8. Adding an expense under claim number



- 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

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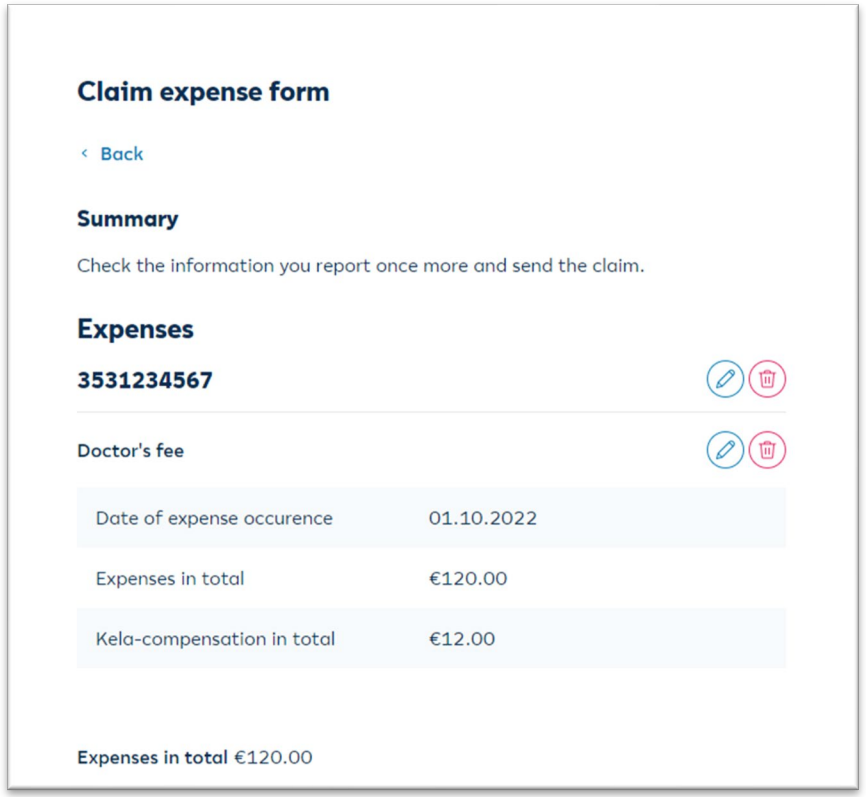
9. Adding expense information

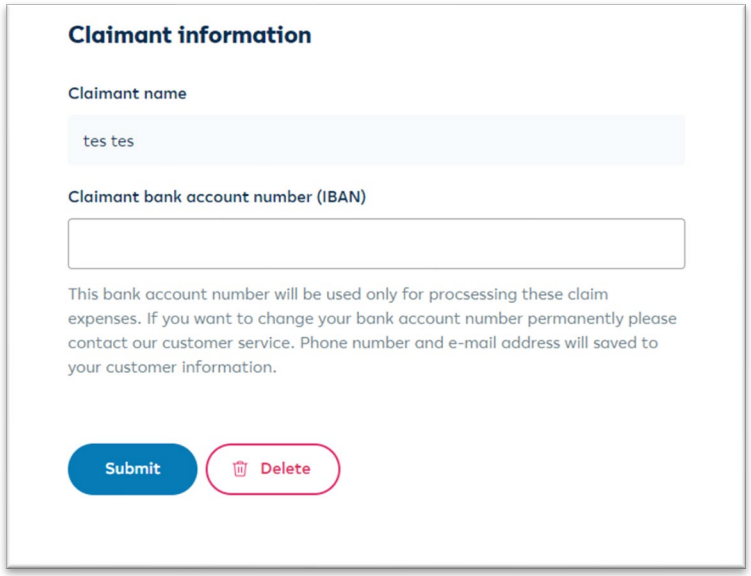


- Please select correct expense from the list and give additional expense specific information
- Enter the date when the expense occured. If expense covers a period, for example period or physical therapy, then enter starting date of the period
- Please give the amount of possible Kela-compensation and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

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10. Summary

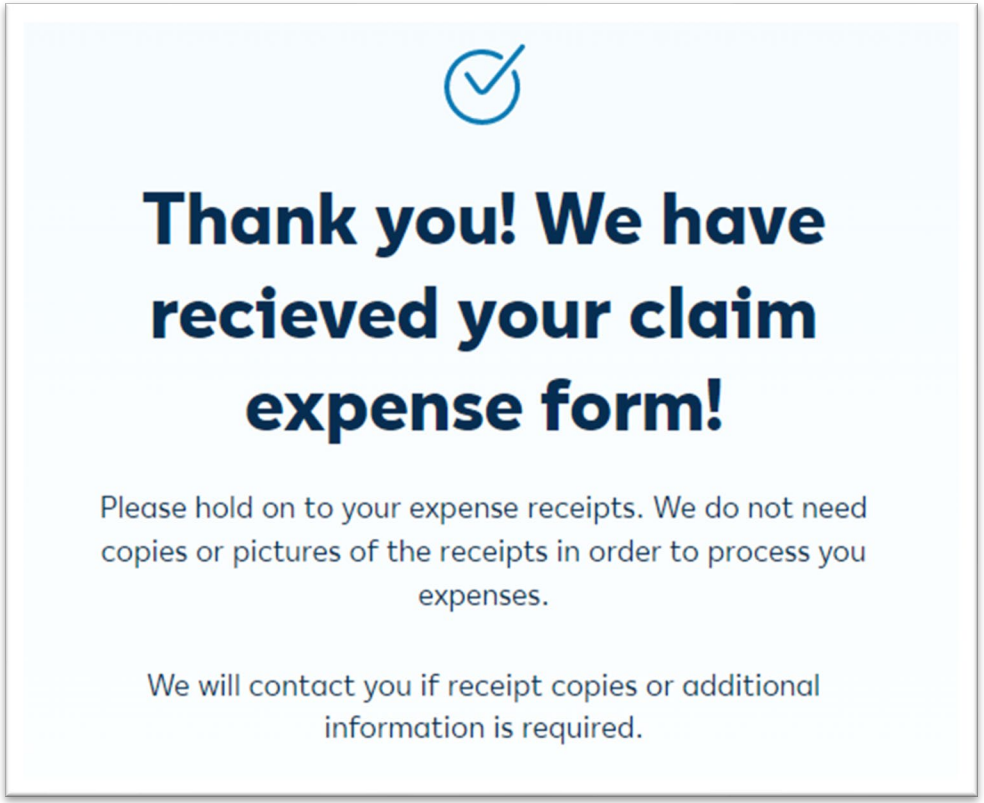




- Please check all entered information
- Enter your Iban number. If you are reporting on behalf of another person Iban number will filled based on what you previously filled.
- When everything is ready please press **submit**

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12. Expense form has been submitted



- 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 sent the ones not transferred again.
- Please keep all the expense related receipts and documents safe
- You can now close your web browser

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