

***This claim form should be submitted to Mela without delay (within 60 days of the accident).  
Your claim shall be processed only when Mela has received the claim form***

**1. Personal details**

Family name and first names	Personal ID
E-mail	Telephone
Address, postcode and city	
Bank account ( <i>if a foreign account, also the BIC code of your bank</i> )	I wish to receive the decision in Finnish      in Swedish

**2. Details of accident**

Time of accident ( <i>date, day of the week, time</i> )	Place where accident occurred ( <i>name of town</i> )
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**Description of accident:** *Detailed description of how the accident occurred and the reasons behind it. Where were you, what were you doing, what happened to you and what was the result? Was there anything unusual related to the incident?*

- If you were travelling because of your grant work (*e.g. travelling from home to the workplace or from one workplace to another, taking care of work-related matters, travelling to classes, training or other such event*), describe in details where you were travelling from and to, and for what reason. Was there any other purpose for travelling? How did you travel (*e.g. on foot, by car*)?
- If you were attending a training or recreational event related to your grant work, specify the theme and organiser of the event. Attach to this form also the programme for the event.
- If you work at a workplace (*e.g. your regular workplace, customer's workplace, etc.*) but were not working when the accident occurred, describe where you were, why you were there, and what you were doing when the accident occurred.

**3. Did the accident occur at work or during leisure time?**

At work	During leisure time	Do not know
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**4. Further information about the accident**

Did you stop working when the accident occurred?	Yes, immediately	Yes, but later ( <i>if later, then give the time and date when you stopped working</i> )
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If the accident occurred while working for another person, was the work performed as a MYEL-insured entrepreneur, as a YEL-insured entrepreneur, as an employed person or in another role, and where?

**5. Type of MYEL-insured activity**

Artistic	Scientific	Place where the accident occurred
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What does the grant work involve?

**6. Employment, other business activities, studies and retirement**

Are you employed?

No Yes. Employer's name, address and telephone number

Other business activities

No Yes, what?

Company name and line of business

Taxation law applied Business (EVL)	Agriculture (MVL)	Do not know
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Are you covered by occupational accident and disease insurance (TyTAL)?

No Yes. With which insurance company?

Did you have to take leave from work?

No Yes. When?

Are you a student?

No Yes. Name of school/degree programme

Are you retired?

No Yes. What is your pension insurance company?

**7. Injured body part and nature of the injury**

Injured body part

Side injured

Nature of the injury

Right Left

Treatment facility/medical facility

Starting date of treatment

Occupational disability 3 days or more?	Yes	No
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Has the same body part been injured or had symptoms previously?

No Yes, when? If treated, where?

**8. Intoxicants/assault**

Where you in an intoxicated state when the accident occurred?

No Yes. What intoxicants did you use and how much?

Was the injury caused by another person?

No Yes. Person's name, address and telephone number

**9. Road accident**

Vehicle, registration number and insurance company

Were you the vehicle's

driver passenger owner

Registration number and insurance company of other vehicle

Were the police notified?

No

Yes. Name of the police department?

**10. Other compensation claims**

Have you claimed compensation from other insurance companies?

No Yes, name of insurance company

Allowance

Reimbursement of expenses

Have you claimed sickness insurance compensation from Kela?

No Yes

Allowance

Reimbursement of expenses

**Remember to include with your claim all receipts and possible medical statements. To claim travel expenses, fill in the separate claim form (Travel Expense Claim Form – 7064). NOTE: Reimbursements for expenses must be applied for within one year from the date in which they were incurred. If the occupational disease has caused death, fill in the separate claim form to apply for a family pension (Form 7063 in Finnish/Swedish). Forms can be filled in on the Mela website and printed out: go to mela.fi > forms.**

In addition to the information provided in this form, Mela is legally entitled to use other pertinent information at its disposal for processing this claim. Mela may also request information pertinent to this claim from other parties as provided by the law. Mela is legally entitled to use the information it receives for processing this claim also for other purposes under certain conditions. Mela may disclose the information it receives for processing this claim to other parties who are entitled to receive such information subject to confidentiality provisions.

Mela may also use this claim to process my Mela sickness allowance claim and, if necessary, submit the claim documents to Kela on my behalf. Should the compensation be based on leisure-time MATA insurance, I hereby authorise Mela to receive the reimbursements for expenses that are paid in accordance with the Health Insurance Act.

**I have read the privacy statement, which describes the processing of my personal data by Mela. mela.fi/benefits-gdpr**

**Signature**

I hereby declare that the information provided in this form is true and correct.

Place and date

Signature and name in block capitals

If the form is signed by a person other than the applicant, please give the respective reasons.

**Mela**

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