

Claim for travel damage compensation

You can claim compensation for damage incurred during a trip abroad if you are

- a State public official or employee
- an accompanying family member
- doing a traineeship at a government agency
- invited by an authority
- a person who has been issued a travel authorisation or a similar travel permit by a government agency.

Please submit your claim for compensation within 6 months of the date of the accident or the date on which the cost was incurred. Each person claiming compensation must fill out a separate compensation claim.

We do not require you to send the receipts to us, but please keep them and any other relevant documents for one year from submitting the claim. If you are filling out the claim on behalf of an adult family member, please ask them to provide a power of attorney and attach it to the claim.

For further information please see

https://www.valtiokonttori.fi/en/services/services-related-to-compensation-and-accidents/state-travel-protection/#general_service-description

Select the type of your claim

- claim for compensation (please fill out the form carefully)
- preliminary decision (please fill out the form where applicable)

A preliminary decision must be requested where the expected cost of non-urgent care exceeds EUR 1,000. Please attach a medical certificate or other report on the need for treatment.

Always request for preliminary decision in following cases: non-urgent imaging examinations, orthodontics of children, organising the monitoring of a pregnancy and a delivery, non-urgent surgical and hospital care or a journey outside the host country for health care purposes.



Applicant's details (person filling in the application)

First name	Last name
Personal identity code	If the applicant does not have a Finnish personal identity code, please fill in date of birth and sex.
Street address	
Post code	Town or city
Country	
Phone number	Email address

Information on the claimant

- i** Claimant is the person who suffered the accident or to whom treatment was provided. In case the claimant and the applicant is the same person, there is no need to fill out same information.

The claimant is	<input type="checkbox"/> the person filling out the claim <input type="checkbox"/> accompanying family member
First name	Last name
Personal identity code	If the claimant does not have a Finnish personal identity code, please fill in date of birth and sex.
Street address	



Post code	Town or city
Country	
Phone number	Email address

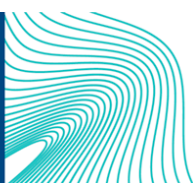
Details of the claimant's journey

General information on the journey

Is the stay abroad longer than 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start date of the journey (dd.mm.yyyy)	
End date of the journey	<input type="checkbox"/> End date of the journey <input type="checkbox"/> Continues for the time being
Travel destination	Travel insurance number (State Treasury)
If your stay abroad is longer than three months, and if the travel damage occurred during a separate journey to a country other than the primary destination country, please fill out information of the short journey.	

Agency that approved the travel plan

Name of agency	
Is the claimant an employee or public official of the agency that issued the travel authorisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> The claimant is a family member of a public official who is staying abroad in the same household as the public official for over six months. Name of public official:



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i You can claim compensation for only one type of accident with a single claim.

Please select what you are claiming compensation for	<input type="checkbox"/> Damaged baggage <input type="checkbox"/> Cost caused by acute travel illness of accident <input type="checkbox"/> Health care costs during an official journey longer than 3 months
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DAMAGED BAGGAGE

i Please save receipts for one year. We will request the receipts if necessary. As regards to electronics, we compensate primarily for repair costs. Please note that we do not compensate for damage to state property.

Please select the damage type	
<input type="checkbox"/> Delayed baggage i If your baggage is delayed and you cannot reasonably be expected to wait for its arrival, we will compensate you for the purchase of necessities. Please attach the transport company's receipt of the delay to the claim.	
<input type="checkbox"/> Damaged, lost or stolen baggage	
Date on which the damage was caused (dd.mm.yyyy)	
Description of the event	
List of purchased necessities (delayed baggage)	



Amount of compensation claimed € (delayed baggage)	
Product (damaged, lost or stolen baggage) i If several products are missing, or have been damaged or stolen, you can list them on a separate attachment.	
Year of acquisition of damaged property	
Price of a corresponding new product €	
Repair cost or estimated repair cost if the product can be repaired €	

ACUTE TRAVEL ILLNESS OR ACCIDENT

Date on which the illness manifested or accident occurred (dd.mm.yyyy)	
Start date of medical care	
Country where the illness began or the accident occurred	
Name and contact information of care institution	
Illness or description of the accident i In the case of an accident, please describe where and what happened. Also specify whether the accident occurred during working time or on the way to work.	



Has the same illness or injury been diagnosed before	<input type="checkbox"/> No <input type="checkbox"/> Yes
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When and in what way has the injury or illness manifested before?

Costs
 ⓘ Add each cost item as a separate row. If necessary, continue on a separate enclosure.

Select cost type	Date on which the cost was incurred	Total sum €	Description of costs

HEALTH CARE ON A JOURNEY LASTING OVER THREE MONTHS

- i** We will compensate for reasonable health care costs in the destination country that are comparable to occupational health care. Health care costs also include maternity clinic visits, child health clinic visits for under-aged children, check-ups comparable to school health care and dental care costs.

Costs			
i Add each cost item as a separate row. If necessary, continue on a separate enclosure.			
Select cost type	Date on which the cost was incurred	Total sum €	Description of costs
Name and contact information of care institution			
Description of the need for treatment			



Payment details

- i** List the IBAN account number in the following format: country code, control number and account number, e.g. FI12 3456 7890 1234 56.

IBAN
<input type="checkbox"/> No IBAN
i Provide the applicant's bank contact details. In the case of an international payment, list the name of the recipient, name and address of the bank, account number, BIC/SWIFT code, possible clearing code and other necessary details for the payment.
<input type="checkbox"/> The account holder is the same as the claimant
i If the account holder is other than the claimant, please fill out the name and personal identity code of the account holder. If no Finnish identity code is available, please fill out name, date of birth and sex of the account holder.

Compensation from other sources

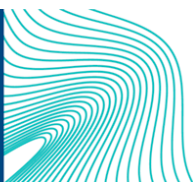
Has compensation for this accident been claimed based on another insurance policy or from the transport company?	
<input type="checkbox"/> No <input type="checkbox"/> Claim for compensation submitted but decision not yet issued <input type="checkbox"/> Yes	
Insurance policies and other compensation Please add each compensation claim as a separate row	
Company name	Amount of compensation € i If you have not yet been issued a decision or if your claim has been rejected, please enter zero as the received compensation amount.



Additional information and attachments

- i** Please, keep the receipts for a minimum of 1 year or attach them here. We will request the receipts if necessary. In the case of an accident, it is recommended that you attach a medical certificate or medical history to the claim.
- i** If you are using the service on behalf of an adult family member, please attach a power of attorney to the claim. The compensation decision will always be sent to an adult policyholder.

Additional information



Confirm and send form

- ❶ Classified email via <https://turvaviestivaltiokonttori.fi>. Do not send documents with personal information via non-secured email.
- ❶ Or send paper documents to **P.O. Box 500, FI-00054 STATE TREASURY**

<input type="checkbox"/> I certify that all information I have provided with the application are correct.	
<input type="checkbox"/> I agree that my information will be processed and stored in accordance with the privacy statement as required to provide the service.	
Place and date	Signature and name in block letters

