# Tampereen Vuokratalosäätiö sr / Vilusen Rinne Oy

**Application for compensation** 1 of 2

1. **Applicant’s information**

|  |  |  |
| --- | --- | --- |
| Applicant’s last name | First name | National identification number |
| Street address |
| Postcode | Town/city |
| Telephone | Email address |
| Bank account number (IBAN) | Bank identifier code (BIC) |

1. **Contact person’s information (if different from the applicant)**

|  |  |
| --- | --- |
| Last name | First name |
| Telephone | Email address |

1. **Event details**

|  |  |  |
| --- | --- | --- |
| Date | Time | Address where the event took place |
| Detailed description of the event |
| Clarification of damages incurred |
| Justification for VTS’s liability for damages |

1. **Application for compensation**

Application for compensation, total (EUR)

Detailed application for compensation for damages incurred

1. **Additional information**

Have you claimed for damages from another source, such as home insurance or other insurance?

No Yes. Please specify.

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1. **Appendices to the application**

Depending on the type of event, attach the necessary documentation (mark the appendices) to your application: Photographs and drawings of the site of the accident and the damage;

Medical reports;

Eyewitness reports and their contact details;

Clarification of other compensation, e.g. home insurance;

Appendix to slip injury;

Appendix to injury caused by falling snow;

Repair cost estimate (in the case of major damage, claims adjuster’s calculation); Other appendices. Please specify.

Please note! Attach original receipts and other documentation to your application.

1. **Applicant’s signature: I declare that the aforementioned information is correct.**

Signature

Name in print

Place and date

# TAMPEREEN VUOKRATALOSÄÄTIÖ / VILUSEN RINNE OY FILLS OUT

## Decision on the application for compensation

Date

By

Decision

Justification of the decision

Justification

Enforcement of the decision

Date

By

Enforcement