APPLICATION FOR A COMPENSATION FOR A VICTIM OF CRIME

1. MY DETAILS AS AN APPLICANT:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	*(street) (city/town) (county) (index)*

2. DETAILS OF THE LEGAL REPRESENTATIVE

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	*(street) (city/town) (county) (index)*

3. DETAILS OF THE VICTIM OF A VIOLENT CRIME:

First name	
Surname	
Personal identification code	

4. DETAILS OF THE CRIME:

Time of committing the crime:	
Place where the crime was committed	*(with an as exact as possible address of the location)*

5. REASON FOR STAY ABROAD IN CASE OF A CRIME COMMITTED ABROAD:

☐	Studies	*(name and address of the school, contact phone number)*
☐	Work or service assignment	*(name and address of the institution, contact phone number)*
☐	Other	*(destination, address, contact phone number)*

6. PLEASE COMPENSATE THE DAMAGE OCCURRED AS A RESULT OF A VIOLENT CRIME:

a. To the victim of a crime:

☐	Damage caused by the loss of the victim's income	Please indicate if you were on sick leave due to a crime and the benefit paid by the employer and the health insurance fund does not cover the income received before the crime	Certificate of compensation paid by the employer is attached to the application ☐
☐	Expenditure on medicines		Expense receipts are attached to the application ☐
☐	Medical expenses (including appointment fee, bed day fee, dental treatment, rehabilitation procedures)		Expense receipts are attached to the application ☐
☐	Travel expenses	Start and destination of the trip, justification of the purpose of the trip, travel expenses must be related to treatment	Expense receipts are attached to the application ☐
☐	Expenditure on technical aids (e.g., wheelchair rental)		Expense receipts are attached to the application ☐
☐	Other expenses related to the restoration of health		Expense receipts are attached to the application ☐

☐	Damage caused to the victim's glasses, dentures, contact lenses and other aids that support body functions, as well as personal items.	We will compensate to the extent of the applicable minimum wage without expense checks if there is an indication of this on the certificate of the investigating agency.	In case the costs are higher than the applicable minimum monthly fee; expense receipts are attached to the application. ☐

b. To the caregiver of the victim:

☐	Damage caused by the loss of income of the caregiver of the victim		
☐	Please indicate if you were on sick leave due to a crime and the benefit paid by the employer and the health insurance fund does not cover the income received before the crime		Certificate of the benefit paid by the employer is attached to the application ☐

c. To the dependent of the deceased victim:

☐ Monthly compensation in case of victim's death		
Dependent's first name	Dependent's last name	Dependent's personal identification code

d. To the person who bore the funeral expenses:

☐	Expenses of the victim's funeral	*We reimburse the funeral expenses to the extent of the minimum wage without expense checks, but we ask for proof of who bore the expenses.*	An account statement or invoice is attached to the application ☐

☐	A civil action has been filed	☐ A civil action has not been filed
	(name of the court)	
	(amount of civil action)	

7. COMPENSATION OF DAMAGES FROM OTHER SOURCES:
(except subsidies, benefits, and pensions paid out by the Social Insurance Board)

Name of the provider of compensation		Type of compensation	Amount of compensation	Certificate of receipt of compensation
☐	Employer *(name of employer)*	Benefit for temporary incapacity from work	euros	The employer's certificate is attached to the application ☐
☐	Insurance company *(name of the insurance company)*	*(benefit paid by the insurance company)*	euros	Certificate of receipt of benefit is attached to the application (account statement, insurance company's decision to determine benefit) ☐
☐	The perpetrator of the crime	*(specify which expenses were compensated for)*	euros	The account statement is attached to the application ☐

8. PLEASE PAY THE COMPENSATION:

☐ TO AN ESTONIAN BANK ACCOUNT

If you have submitted different bank accounts to the Social Insurance Board, all benefits and allowances will be paid to the last account submitted (except payments related to a court order).

Name of the bank:	Number of the current account:	
Name of the owner of the current account *(fill in only if this is not your current account and you want compensation/allowance to the account of a third party)*		
Current account owner's personal identification code or registry code *(fill in only if this is not your current account)*		
Reference number of the current account (*to be filled in as needed if you want to receive the granted benefit /allowance to the bank account of a legal institution)*		
NB! *If you want your allowance or benefit to be paid to a bank account of a third party, it is necessary to either digitally sign the application, notarize it, or contact the customer service of the Social Insurance Board.*		

☐ TO A FOREIGN BANK ACCOUNT

If you want to receive your allowance or benefit in a foreign bank account, the owner of the account must be the recipient of the benefit/allowance, and it is not possible to submit a third-party bank account. In the case of a bank account in joint use, the account holder must match the name of the bank account holder.

Name of foreign bank account holder	
Personal identification code of a foreign bank account holder	
Number of the foreign bank current account	
BIC/SWIFT code of the foreign bank's current account	
Name and address of the foreign bank	
NB! *If you want your allowance or benefit to be paid to a bank account in joint use, you must decide who you will designate as the holder of the bank account, as a bank account can only have one holder.*	

☐ 9. I AM AWARE, and I CONFIRM that:

1) by signing this application, I undertake to notify the Social Insurance Board of the circumstances that require a change in the amount of the compensation. I also undertake to repay any sums paid for compensation that I receive from the criminal, civil defendant, insurance, or any other source after the award of compensation;
2) the information provided in this application and in the attached documents is correct;
3) I authorize the Social Insurance Board to obtain the additional documents necessary to determine the compensation and, if necessary, check the correctness of the submitted documents;
4) the deadline for submitting the missing documents is three months from receiving the relevant notification. If I do not submit the missing documents within three months, I am aware that the Social Insurance Board can make a decision based on the available data.

☐	I AGREE that: My personal data (including data contained in the health information system*) is processed to the extent necessary to identify the circumstances underlying the determination of the compensation, to pay the compensation or to carry out other activities resulting from the application.
You can consult your health data in the patient portal at www.terviseportaal.ee	

10. ISSUING OF THE DECISION:

We will issue you a decision on awarding compensation. Please indicate how you would like to receive the decision:		
☐	**Unencrypted to the e-mail address** (we will send the decision to the e-mail address specified in your personal data)	
☐	**As an unregistered letter** (we will send the decision to the postal address specified in your personal data)	
☐	**As a registered letter** (we will send the decision to the postal address specified in your personal data) A registered letter means that if the letter cannot be delivered to you within three working days, a message will be left for you, and you will receive the letter from the post office within 15 calendar days.)	
☐	**As a registered letter** (fill in only if you want the decision to be delivered to an address different from your postal address)	*(street)(city/town) (county) (index)*

11. DATE AND SIGNATURE OF SUBMISSION OF APPLICATION:

. . 20	My signature, i.e., the signature of the applicant:	
	Signature of legal representative:	
☐	The applicant or the applicant's legal representative has signed the application digitally	
☐	A power of attorney is attached to the application in case you are not a legal representative	