

# Claim Form

## OOM Third Party Insurance

### How to send the form?

**By email:** fill in the form online or scan the form and email it to: [claims@oomverzekeringen.nl](mailto:claims@oomverzekeringen.nl)

**By post:** PO BOX 50000, 7900 RP HOOGEVEEN, THE NETHERLANDS

### Personal information

Policy number .....  
Name of policy holder .....  
Telephone number policy holder .....  
Email address .....

### Damage caused by

Name .....M/F  
Address .....  
City .....  
Country .....  
Telephone number .....  
Email address .....  
Relationship of responsible person to injured person .....

### Injured person

Name .....M/F  
Address .....  
City .....  
Country .....  
Telephone number .....  
Email address .....

### Event

Date of event .....  
Time of event .....  
Address where the event occurred .....  
City where the event occurred .....  
Country where the event occurred .....

Is the damage possibly covered by another insurance?  Yes  No

Type of insurance .....  
Policy number .....  
Company .....

### Expenses details

Description of the object(s)	Date of purchase	Currency	Amount	Repair costs	Invoice*
.....	.....	.....	.....	.....	Yes / No
.....	.....	.....	.....	.....	Yes / No
.....	.....	.....	.....	.....	Yes / No
.....	.....	.....	.....	.....	Yes / No
.....	.....	.....	.....	.....	Yes / No
.....	.....	.....	.....	.....	Yes / No
.....	.....	.....	.....	.....	Yes / No

\*If yes, please include the invoice

Description of injuries .....  
.....  
.....

### How to send invoices

**By email:** Scan the invoices and attach them to the claims form. If you send your claim digitally, you must keep the original invoices for at least one year. OOM Verzekeringen carries out random checks to make sure digital claims are correct.

**By post:** Please enclose the original invoices.

### Bank details

Account number / IBAN (EU) .....  
Account holder's name & city .....

Policy holder  Injured person

For payments to a non-European bank account, please include the following:

Account number .....  
ABA (US) .....  
BIC .....  
Bank's name .....  
Bank's city .....

## Signature

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The policy holder (name):.....

states that he/she has completed this form fully and truthfully. The policy holder is aware that providing incorrect or incomplete information may have consequences for the right to compensation.

Date:

Signature:

(The signature is only necessary if you send the form by post.)

### OOM Verzekeringen

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