

Claim Form

OOM Travel Cancellation Insurance

How to send the form

By email: fill in the form online or scan the form and email it to: claims@oomverzekerings.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

Bank details

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

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

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

Insured party details

Name of insured person
Date of birth

Cause of cancellation

- Illness, accident or death of insured person
- Illness, accident or death of family member or housemate
- Illness, accident or death of the party providing accommodations
- Damage to accommodations

- Pregnancy of insured person
- Inability to be vaccinated
- Damage to home or property
- Unemployment
- Entering into an employment contract
- Divorce
- Tests/exams
- Other, please specify:

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Event

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Date of event

Time of event

Address where the event occurred

City where the event occurred

Country where the event occurred

Details of expenses (please send the cancellation statement with this form)

Description of expenses	Currency	Amount
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Trip booked on:

Trip begins on:

Return trip on:

