

# Claim Form

## OOM Legal Assistance Insurance

### How to send the form

---

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

**By post:** PO BOX 230, 3830 AE LEUSDEN, THE NETHERLANDS F.A.O. Claims Administration

### Important information

---

A response is required before

#### Contact details

Home

Work

Mobile

Email address

Are you liable to pay VAT?

Yes  No

### Request for legal assistance

---

#### Insured person's details

Surname and initials

M/F

Address

Postcode

Town

Insured under policy number

### Due to a legal problem/dispute with

---

(please tick all those that apply)

employee/employer

contractor

supplier

customer

neighbours

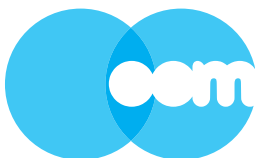
landlord/tenant

government

insurance company

third party

other, as follows:



## About

---

(please tick all those that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> employment conflict | <input type="checkbox"/> tenancy dispute       |
| <input type="checkbox"/> building dispute    | <input type="checkbox"/> body permit           |
| <input type="checkbox"/> contractual dispute | <input type="checkbox"/> insurance issue       |
| <input type="checkbox"/> unpaid debt         | <input type="checkbox"/> loss or damage caused |
| <input type="checkbox"/> injury caused       | <input type="checkbox"/> other, as follows:    |

.....  
.....  
.....  
.....  
.....  
.....

**Reason** (please explain what you aim to achieve)

.....  
.....  
.....

I hereby request that this matter be dealt with under the legal assistance insurance taken out. All documents relating to this matter are enclosed.

Number of enclosures: .....

## Signature

---

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.)