

# Notification Form

## Accident

### How to send the form

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

**Per post:** Freepost number 10231, 2280 WR RIJSWIJK, THE NETHERLANDS

### Personal information

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

### Insured party details

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Name of insured person .....  
Date of birth .....

### Accident details

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Date of the accident .....  
Time of the accident .....  
Address where the accident happened .....  
City & country where the accident happened .....  
Description of injuries .....  
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.....

In your opinion, who is responsible for the accident?

Name .....

Address .....

City & country .....

Has a police report been drawn up?  Yes  No (please send a copy with this form)

Were there witnesses?  Yes  No

Name .....

Address .....

City & country .....

