Claim Form
OOM Household Contents Insurance

How to send the form

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

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 .....

Details of insured person

Name of insured person .....

Date of birth .....

Is the insured person the owner of the household contents? ☐ Yes ☐ No

If no, who is the owner? .....

Cause of damage

☐ Fire

☐ Explosion

☐ Lightning strike

gespecialiseerde verzekeringen

☐ Induction/overvoltage by lightning discharge
☐ Storm
☐ Aircraft and spacecraft
☐ Burglary/theft (or attempts at)
☐ Violent robbery
☐ Blackmail
☐ Vandalism
☐ Other, please specify: .....

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 covered by another insurance ☐ Yes ☐ No
Type of insurance .....
Policy number .....
Expenses details .....

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
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

*If yes, please include the invoice

Event/damage details

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.

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.)

OOM Verzekeringen
PO Box 3036
2280 GA Rijswijk, The Netherlands

T +31 (0)70 353 21 00
F +31 (0)70 360 18 73

E info@oominsurance.com
I www.oominsurance.com

IBAN NL 91ABNA0511615140
BIC ABNANL2A

The processing of personal data comes under the "Processing of Personal Information by Financial Institutions" Code of Conduct (Gedragscode "Verwerking Persoonsgegevens Financiële Instellingen"). The produced data can be processed in the Central Information System of the insurance companies active in the Netherlands, owned by the CIS Board (Stichting CIS), established at Borderwijklaan 2, 2591 XR Den Haag, www.stichtingcis.nl. Registration of this processing of personal data took place on August 9th 2002 by the Board for the Protection of Personal Data (College Bescherming Persoonsgegevens) (registration number 1029513)

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