

Claim Form

OOM Travel 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

Damage details (please send the damage report with this form)

Name of insured person
Date of birth
When did the damages happen?
Where did the damages happen?

The damage relates to:

- Theft/robbery
- Loss/damage
- Other/unforeseen expense

Does this concern theft out of a car?

Yes No

Please describe where the stolen items were located in the car

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Why were the items left in the car?

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Were you making a stopover?

Yes No

Had you reached your destination?

Yes No

Expenses details (please send the purchase invoice and/or the reparation invoice with this form)

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

*If yes, please include the invoice

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.

Explanatory notes

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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

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