

Information Brochure

Know your rights

IKR2012



Explanation 'Know your rights'

Insurers insure risks and therefore proper risk assessment is vital. The insurer and the policy holder need to comply with all sorts of rules and regulations when entering into and performing an insurance agreement. Some rules are established with the aim of protecting the consumer, others to safeguard the security and integrity of the financial sector. This brochure contains more information on the subjects "The Obligation to Disclose", "The Use of Personal Data", "Fraud" and "Complaints".

We have offered you this brochure because you intend to purchase an insurance product from OOM Verzekeringen and also because we consider it important to point out your rights and obligations.

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1. Obligation to disclose

1.1 Obligation to disclose

Insurers insure risks and we prefer to properly assess the risks. Therefore, if you submit an application for an insurance policy – or an amendment to it – we ask you for information, such as information about your health in the health declaration for a health insurance policy. It is mandatory for you to report everything that is relevant to the insurer in order to be able to assess your application. This we call “**the obligation to disclose**”.

Please answer all questions correctly.

Please answer all questions completely, even questions you think we already know the answer to or questions you might consider to be irrelevant. By completing the form – as well as you can – you will prevent any problems from occurring later on.

Are you a **corporate client**? In other words, are you taking out the insurance in the pursuit of a business or a profession? In that case, additional rules apply to you:

- You are obliged to enter all facts and circumstances which, to the best of your knowledge and within the bounds of reasonableness, you think might be of interest to us in order for us to accept your insurance application, even if we did not explicitly ask for them. You can deduce this, for instance, from the other questions on the (online) application form or from the nature of the insurance. If you are not sure at which question to enter certain information you can always use the final, open question to do so. Therefore, you also need to answer that particular question.
- If you have not answered the question about other insurances, damage progress or criminal record, the final, general question, or the question relating to the legal entity, we will assume that you have answered the relevant question in the negative. A legal entity, for instance, is a public limited company or a private limited company.

Third parties

If a third party is to be co-insured in the insurance, the facts and circumstances which are known by this third party should also be reported. This means that you, as the applicant of the insurance, will have to ask the other insured parties and stakeholders aged 16 and over whether they have information which is relevant to the application.

If facts and circumstance change

If you have submitted an application and you or a co-insured party or stakeholder becomes acquainted with facts and circumstances which might be of interest for the application, you are obliged to still inform us of this information. You can do this by letter or e-mail.

You only have to inform us if:

- you haven't received a notification from us with regard to the final decision as to whether we will accept your application or not; and
- this information pertains to any of the questions from our (online) application form.

1.2 Consequences of not fulfilling your obligation to disclose

Not fulfilling your obligation to disclose completely can result in a number of consequences:

- Your entitlement to compensation – reimbursement of claims – may be restricted or even become null and void;
- We can propose to continue the insurance under amended terms, such as a higher premium or a limitation of your insurance coverage;

- We can terminate the insurance if one or both of the following situations occur(s):
 1. You have deliberately not fulfilled your obligation to disclose in order to mislead us. If this is the case, your premium will not be reimbursed
 2. If, based on the actual facts, we would have decided not to provide the insurance in the first place. If this is the case we will reimburse the premium paid for the period over which the insurance will no longer run.
- We may register your data in our Incidents Register. For more information, please read the chapter “Incidents and Fraud” in this brochure.

2. Use of personal data

2.1 Processing of (personal) data

Upon receiving an application for or an amendment to an insurance policy we request that personal and other data be submitted. We process this data for the following purposes:

- Conclusion and performance of insurance agreements;
- Marketing activities;
- Statistical analyses;
- Safeguarding the security and integrity of the financial sector, our organisation, our employees and our clients;
- Complying with the law.

The right to inspect and correct

If you want to inspect your (personal) data that we process, you can let us know by sending a written request. Please enclose a copy of your ID document.

If you are of the opinion that your recorded data is incorrect, or incomplete, or irrelevant for the processing purpose, or in violation with rules and regulations, you can submit a written request to correct, amend, delete or protect your data.

2.2 Codes of conduct for the processing of personal data

The processing of personal data is subject to the Code of Conduct for the Processing of Personal Data by Financial Institutions [“**Verwerking Persoonsgegevens Financiële Instellingen**”]. In addition, Health and SOS insurance policies are subject to the Code of Conduct for Personal Data Processing by Health Insurers [“**Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars**”]

The integral text of the **Code of Conduct for the Processing of Personal Data by Financial Institutions** can be read on the website of the Dutch Association of Insurers at www.verzekeraars.nl. You can also contact the:

Dutch Association of Insurers

Postbus 93450
2509 AL Den Haag
The Netherlands
Tel. +31(0)70 333-8500

The integral text of the Code of Conduct for the Personal Data Processing by Health Insurers can be read on the website of the Dutch Association of Health Insurers [“Zorgverzekeraars Nederland”] at www.zn.nl. You can also contact the:

Dutch Association of Health Insurers

Postbus 520
3700 AM Zeist
The Netherlands
Tel. +31(0)30 698-8911

2.3 Use of medical data

For a health insurance policy, we ask you to submit personal and medical data. The obligation to disclose also applies to the completion of the health declaration which is required for the application of your health insurance. You will also have to provide medical data when submitting a claim.

Medical file

The medical advisor assesses your medical data. The medical advisor sends his medical opinion to the Acceptance and Claims departments. This is explained in greater detail on this page, under the header “The role of the medical advisor”. The medical advisor saves the health declarations and other incoming medical records in a medical file. When entering into the agreement you consent to the processing of your medical data.

Who is allowed to inspect your data?

Data relating to your health is confidential. The medical advisor, as well as the staff of the medical secretariat, are allowed to inspect your data. Occasionally, a fellow medical advisor, the claim handler or the party performing the claims processing activities (see insert to the right) is allowed to inspect your data as well. The codes of conduct mentioned earlier state what is and what isn't allowed. If you want to read your medical file, you can exercise your right to inspection.

The role of the medical advisor

The medical advisor advises our acceptance department. The acceptor decides whether the application will be accepted. The following results are possible:

- the insurance risk is low or average. You will get the insurance policy you applied for.
- the insurance risk is higher than average. You receive a proposal from us detailing the conditions under which we are willing to accept your insurance application, such as with an exclusion clause.
- the insurance risk is too high. You will not receive the insurance policy.

The claim handler receives your claims. When assessing the claims, the medical advisor can be asked for his or her opinion. The claim handler decides which costs are covered by the insurance policy and will therefore be reimbursed.

The medical adviser needs additional information.

Maybe an illness from the past is playing up again after a number of years. However, this doesn't necessarily apply to all illnesses and it is up to the medical advisor to provide an opinion either way. Sometimes, the health declaration contains insufficient information and the medical advisor therefore turns to you or the insured party for additional data. It may be the case that the medical advisor wants to request data from your physician. However, before he can do that, he needs to have permission from the insured party in question. As soon as the medical advisor has gathered sufficient information, it will become clear whether you can be insured or not. If you do not want to provide additional information you can always withdraw your insurance application.

The right to first access of data (right to information)

You are entitled to ask the medical advisor to first send his or her opinion to you before sending it to the acceptant, who will decide on your insurance application.

Medical Secretariat contact details:

OOM Verzekeringen

Medisch secretariaat

Postbus 3036

2280 GA Rijswijk

The Netherlands

or medisch@oomverzekeringen.nl

Exercising your right to information can seriously delay our decision to accept the insurance application or not. Please keep that in mind. Your insurance can only take effect as off the date of acceptance by us.

The right to block

You are entitled to indicate to the medical advisor that you do not want him or her to put his opinion to the acceptor. This is what we call **"the right to block"**.

If you decide to exercise this right we will terminate your application. Without the opinion of the medical advisor we cannot properly assess the risks, making it impossible for us to accept your insurance application.

Clarification and reassessment

If you have received a rejection, you can ask the medical advisor to clarify the decision. If you disagree with the medical opinion or if your health condition has changed, you can ask the medical advisor to reconsider the medical opinion.

2.4 Use of (personal) data in order to safeguard security and integrity

Stichting CIS

We are authorized to consult and record data in order to maintain responsible acceptance, damage handling, and risk and fraud control policies. We consult and record these data in the Central Information System (Stichting CIS) of the combined insurance companies active in the Netherlands. In CIS, we can also process the data from witnesses, opponents and other stakeholders. Participants in CIS are allowed to mutually exchange data.

The aim of the processing of personal data in CIS is for insurers to be able control the risks and fight fraud. Further on in this document, the conditions for registering data are explained.

Incident registration

We record incidents in our Incidents Register. The Incidents Register is a register within OOM Verzekeringen in which we record the data of persons and legal entities involved in an incident. It is also used for recording research results. You will find more information as to what an incident actually is in the "Incidents and Fraud" chapter.

PIFI, the Financial Institutions' Incident Warning System Protocol

Registration of (personal) data in the Incidents Register will take place if the Special Affairs department sees sufficient cause within the framework of PIFI to do so. PIFI allows the Insurance Fraud Enforcement Unit (Fraudeloket Centrum Bestrijding Verzekeringsfraude, CVB) of the Dutch Association of Insurers to become acquainted with information from our Incidents Register, with the purpose of controlling risks and preventing fraud. You will find more information as to what an incident actually is in the "Incidents and Fraud" chapter

Internal and External Referral Registers

Incidents are recorded in our Incidents Register. This may pertain to registrations in either our Internal Referral Register or the External Referral Register.

- Our Internal Referral Register is the register in which we record referral data of persons or legal entities which constitute a risk to OOM Verzekeringen. This register is managed by the Special Affairs department.
- The External Referral Register is the system insurers use to record and share information. It contains referral data of persons or legal entities which constitute a risk to the financial sector. This register is managed by Stichting CIS.

You will be informed

Having your data registered in either of the registers mentioned may have consequences for you when, for instance, you apply for another insurance policy or financial product, or apply for a job with a financial institution. If we register data for a person or legal entity we will inform that person or entity as to that effect in writing.

If you want to exercise your right to inspect and correct these registers, please use the following contact details:

Incidents Register	Afdeling Speciale Zaken	OOM Verzekeringen Afdeling Speciale Zaken Postbus 3036 2280 GA Rijswijk The Netherlands
Internal Referral Register	Afdeling Speciale Zaken	
External Referral Register	Stichting CIS	Stichting CIS Postbus 91627 2509 EE Den Haag E: info@stichtingcis.nl www.stichtingcis.nl
Fraud Unit CBV	Insurance Fraud Enforcement Unit CBV	Dutch Association of Insurers (VAV) Postbus 93450 2509 AL Den Haag The Netherlands T: +31 (0)70 333 85 00 www.verzekeraars.nl

Questions relating to the criminal record

In order to provide good insurance policies, we need to know you – the client – well and we need certain information to be able to assess the risks involved. For a number of our insurance policies we require information about any criminal record you or the stakeholder(s) might have. You are required to provide this data for the past 8 years only.

The data will be recorded in the policy file. If you do not want the latter to take place you may also send this data to the Special Affairs department confidentially. Subsequently, the Special Affairs department will draw up an opinion and send it to the acceptor assessing your application. In that case, only the Special Affairs department's opinion will be added to the policy file.

2.5 Retention periods

No insurance policy was concluded

In the case of applications which haven't resulted in an insurance agreement, your data will be retained for a period of up to one (1) year. Subsequently, the fact that an application for an insurance has been made will be entered into a register, stating the identification data of the applicant and the insured, which insurance policy was applied for, and the reason why the insurance policy wasn't concluded. The application itself will be destroyed, as well as the medical file in the case of a health insurance application.

After termination of the insurance policy

If an insurance policy was concluded, your data will be retained for a period of up to five (5) years from the end date of the insurance.

Incidents Register

The data will be removed from the Incidents register, the Internal Referral Register and the External Referral Register after eight (8) years, unless relevant facts have occurred which justify prolonged retention in the Incidents Register.

3. Incidents and Fraud

3.1 Incidents and Fraud

There are many types of incidents. The following are definitely considered to be incidents:

- Non-compliance with the obligation to disclose or a suspicion there of;
- Any reason for an interim cancellation by OOM Verzekeringen, for instance as a result of non-payment;
- Fraud or a suspicion thereof.

We consider fraud to be: if someone (policy holder, insured party/parties or stakeholders to the performance of the insurance agreement) intentional abuses or attempts to abuse an insurance product or service in order to obtain output, such as damage compensation or reimbursement, to which that person is not entitled or to obtain insurance coverage under false pretences.

Examples of fraud are:

- Intentionally providing incorrect information when applying for an insurance policy, e.g. about the damage progress, a previous cancellation, or a criminal record.
- Lying about your health – this includes withholding information – when applying for a health insurance policy.
- Claiming more money or goods than were actually stolen when you were burgled.
- Providing false valuation reports for a fire insurance policy.
- Increasing receipt amounts by adding figures when claiming damages.
- Intentionally claiming medical damages twice.
- Conspiring with a physician or issuing false statements.

3.2 We also take action against fraud to keep your premium affordable.

The trust between you and OOM Verzekeringen is extremely important, not just for you but also for OOM Verzekeringen. You trust that your claims will be handled well. We trust that you provide us with the right information.

Unfortunately, some people abuse financial products such as insurance policies. We conduct research before we accept an application for an insurance policy, or certain claims. In doing so, we comply with existing rules and regulations, and codes of conduct, (please refer to paragraph 2.4 for more information).

If OOM Verzekeringen faces fraud, we will deal with it according to our fraud management policy. We pursue active policies to prevent, identify and deal with insurance fraud and (organized) crime. This is necessary in order to keep our premiums affordable, so that you and other clients will not suffer from dishonest behaviour. In addition, we work closely with other insurers, the Union of Insurers, the Association of Dutch Health Insurers, the government and other strategic partners.

3.3 Which measures do we take?

Once we have identified fraud we can take any of the following actions:

- Not reimbursing the damages;
- Reclaiming any damages that were already reimbursed;
- Recovering any research costs;
- Rejecting or terminating a policy/policies;
- Reporting the case to the police;
- Registering the fraudulent party on warning lists;
- Registering the fraud in our Incidents Register.

We will inform any person or legal entity which is suspected fraud in writing, apart from legal exceptions. A person or legal entity is entitled by law to inspect which data is being recorded. In addition, a person or legal entity suspected of fraud can object the processing of this data.

3.4 Our reporting policy

If we suspect an offence has been committed which has caused damage to OOM Verzekeringen, we may report the case to the police or the Director of Public Prosecutions. In doing so, the following considerations are addressed:

- The gravity of the offence committed;
- The financial damages OOM Verzekeringen expects to incur because of it;
- The interests of everybody involved;
- The general interest;
- The importance of a civil suit;
- Our legal obligations;
- Compliance with the Dutch Association of Insurers' Fraud Protocol.

4. Complaints

4.1 Complaints and Disputes regulations for OOM Verzekeringen

You are a customer of OOM Verzekeringen. Naturally, we will do everything we can to handle your insurance-related business correctly. If you are dissatisfied with the way we have handled things you can file a complaint with us.

For that purpose, we have established complaints and disputes regulations. Please visit our website at <http://www.oomverzekeringen.nl> to consult our complaints and disputes regulations.

You can also contact us to request that these regulations be sent to you. In the brochure you are reading at present, we have only outlined the main points.

4.2 Always file complaints with OOM Verzekeringen first

If you have a complaint, you should always file it with OOM Verzekeringen first and try to resolve it with the appropriate department. If you cannot resolve the matter with the appropriate department you can also file the complaint with the Management Board of OOM Verzekeringen.

4.3 Complaints Institutes: Kifid and SKGZ

If you are of the opinion that OOM Verzekeringen hasn't handled your complaint appropriately, you can file the complaint with the Complaints Institute. In the case of a health insurance or SOS policy you should address the Health Insurance Complaints and Disputes Foundation (SKGZ). The Financial Service Complaints Institute (Kifid) is your port of call for complaints relating to all other insurance policies. You can find the contact details in our Complaints and Disputes regulations.

Corporate clients

Only private clients can file a complaint with Kifid or SKGZ and it will not be possible to file a complaint with them if you have taken out the insurance in the pursuit of a business or a profession. However, you can put your case before a court of law.

4.4 Court of law

If you do not wish to file your complaint with Kifid or SKGZ, you can submit it to the competent court in The Hague.

The trade name OOM Verzekeringen is used by OOM Holding N.V. (KvK The Hague 27194193), OOM Global Care N.V. (AFM 12000623, KvK The Hague 27111654), OOM Schadeverzekering N.V. (AFM 12000624, KvK The Hague 27155593) and "O.O.M." Onderlinge Molestverzekering-Maatschappij U.A. (KvK The Hague 27117235). These companies are registered in The Hague and share operational offices in Rijswijk.



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