## Notification Form

## **Accident**

## How to send the form

By email: fill in the form online or scan the form and email it to: info@oomverzekeringen.nl Per post: Freepost number 10231, 2280 WR RIJSWIJK, THE NETHERLANDS **Personal information** Policy number Name of policy holder Email address **Insured party details** Name of insured person Date of birth **Accident details** Date of the accident Time of the accident Address where the accident happened City & country where the accident happened Description of injuries In your opinion, who is responsible for the accident? Name Address City & country Has a police report been drawn up?  $\square$  Yes  $\square$  No (please send a copy with this form) Were there witnesses? ☐ Yes ☐ No Name Address



City & country

Does the other party have a third party insurance	□Yes □No
or motor vehicle insurance?	
Policy number	
Company	
<b>Explanatory notes</b>	
Signature	
Signature	
The policy holder (name):	
states that he/she has completed this form fully and	_
incorrect or incomplete information may have conse	equences 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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