

# Notification Form

## OOM Personal Accident Insurance

### How to send the form

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

**By post:** PO BOX 50000, 7900 RP HOOGEVEEN, THE NETHERLANDS

### Personal information

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

### Bank details

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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 .....

### Insured party details

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

### Event details

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Date of event .....

Was the event an accident?  Yes  No

Has the insured person become permanently disabled?\*  Yes  No

Did the insured person pass away?\*  Yes  No

\*If yes, please send a report of the attending doctor with this form.

\*If yes, please send a copy of the death certificate and the certificate of inheritance with this form.

## Explanatory notes

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## How to send invoices

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**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

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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.)