Health Insurance
The Phoenix Insurance Co. Ltd.
Head Office: 53 Derech Hashalom, Givatayim 53454
Fax: 03-5735222 | info@fnx.co.il | www.fnx.co.il

SUBMITTING A CLAIM IN RESPECT OF LUGGAGE / RESTORATION OF DOCUMENTS – OVERSEAS TRAVEL INSURANCE

Date: _____

Dear Sir/Madam,

Pursuant to your request, following are the claim forms in respect of damage to/loss of luggage abroad. Please fill in all the details accurately, so your claim can be processed quickly and efficiently.

Personal Details

Surname	First Name	Date of Birth	ID No.

Gender	Resident of Israel	Telephone at home	Telephone at work	Cellphone
○Male ○Female	○ Yes ○ No			

Address	Stay Abroad	Date of Departure	Date of Return	Travel Destination (Country)

Additional Insurances

Please specify any additional insurance taken out on your trip					
Were any other additional insurance policies taken out on the property claimed?	○ No ○ Yes	If so, name of company			
If you have filed a claim, the **original** completion of processing confirmation from the insurance company should be attached.					
Did the loss or damage occur in the framework of a flight?	○ No ○ Yes, Elaborate:				
If so, please attach the check and/or **original** letter of response/rejection from the airline. If the incident did not occur in the framework of the flight, please attach an **original** police confirmation from the place and time of the incident.					
Particulars of credit card activated prior to the trip:					
Name of credit card company		Name of card holder		Credit Card No.	Validity
Did you purchase an extension and/or pay extra/exceptional premium?	○ No ○ Yes	If so, specify type of extension			

Description of Incident

Place of Incident	Date of Incident	Amount of Claim

Please elaborate on this page what happened during the day of the incident from beginning to end:

When and where was the claimed property damaged / seen last? Date		Hour		Place	
Did you report the incident?	○ No ○ Yes	If so, to whom?			
If not, specify the reason					

Itemization of Claim Components

Description of Item	Purchase Price	Purchase Date	Place of Purchase	Please indicate whether a receipt is attached

Restoration of Documents		
Description of documents		
Cost of restoration		Only **original** receipts are to be submitted

Please attach the following documents:

- **Original** police confirmation/**original** completion of processing confirmation from airline (according to Section 1 herein).
- **Original** purchase receipts only.
- Flight tickets – original or photocopy or purchase confirmation from the airline.
- Clear photocopy of identity card.
- Home insurance policy schedule, surveyor's report of apartment's contents.

This form is an integral part of the claim filing form (completing it is mandatory)

In accordance with the Insurance Contract Law, Section 59A, the insured must declare the existence of additional insurance.

I am insured in the insurance companies:

Name of Company	Policy No.	Valid between the dates
Name of Company	Policy No.	Valid between the dates
		Signature of Insured

Declaration of Insured

I, the undersigned _____ holder of the above policy, ID number _____, hereby declare that all the details specified in this form are, to the best of my knowledge, correct, complete and accurate, and that all the items specified above, insured under the policy's terms, were lost or stolen or damaged as described above.

Date		Signature of Insured

Clarification: Baggage claims without a police confirmation and/or airline confirmation as required under the insurance policy in your possession will not be processed.

Details of Bank Account

Please transfer to my bank account, whose details are written below, the amount specified above:

Name of Account Holder								ID/Private Company No.		
Name of Bank	Name of Branch	Address of Branch			Account No.			Branch No.		Bank No.
Address for sending credit notices										
	City	Street		House No.	Zip Code			E-mail		

It is hereby stressed and clarified that without all the above details it will not be possible to make payment by bank transfer. The ID/Private Company No. is an essential condition also for payment by check.

Date		Signature

Please send the claim by mail only

Overseas Claims Department
The Phoenix Insurance Co. Ltd.
POB 25285
Tel Aviv – 61253