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 MEDICAL EXPENSES / CANCELLATION OR SHORTENING OF TRIP – OVERSEAS TRAVEL INSURANCE

Date: _____

Dear Sir/Madam,

Pursuant to your request, following are the claim forms in respect of medical expenses abroad / cancellation and shortening of trip. 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	Date of notice to travel agent regarding cancellation of trip	Travel Destination (Country)

Additional Insurances

Please specify any additional insurance taken out on your trip							
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:

Please attach the following documents

- Medical report (diagnosis of the attending physician during the incident)
- **Original** receipts only.
- Flight tickets – **In the case of cancellation / shortening, the original ticket should be sent along with the travel company's confirmation regarding the cost of the ticket and/or the amount of the refund given.**
- In the rest of the cases, a photocopy of the ticket or a purchase confirmation from the airline may be attached.
- In the case of a claim arising from and/or connected with an incident of death, heaven forbid, a notice of death and certificate of death should be attached.

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 notice									
	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

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.

Date		Signature of Insured

Please send the claim by mail only

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