

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.		
<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No				
Gender	Resident of Israel	Telephone at home	Telephone at work	Cellphone	
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?	<input type="radio"/> No <input type="radio"/> 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?	<input type="radio"/> No <input type="radio"/> 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?	<input type="radio"/> No <input type="radio"/> 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?	<input type="radio"/> No <input type="radio"/> 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:
<ul style="list-style-type: none"> • 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