

| חותמת הסניף ותאריך קבלה |
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| |
| Date Received |

Notice of Injury in a Hostile Act Claim for Medical Care Compensation and for Determination of Degree of Disability

(compensation for Victims of Hostile Acts Law, 1970)

Please read the guidelines and explanations on page 4. Please fill out the form clearly.

Please note: Before the National Insurance Institute can deal with your claim, we will obtain confirmation from the appropriate authorities in Israel that the injury was the result of a hostile act.

Pacidents of oversees countries should sign the form in the presence of an Israeli diplomatic or consular

| | the Injured Per | | | | 37 (1 11 | 1. | D | |
|---------------------|-----------------------------|---------------|---------------|---------------------|--------------------|--------------|---------------------------------------|----------|
| Family Name | | First Name | ; | | Nationality | | Passport / I.D. Number | |
| Sev David | Marital States | | | D: 1 | Date of Birth | | Occupation | |
| Sex Male Female | Marital Status | | | Divorced Widowed | Date of Birth | | Occupation | |
| Address in Israel | | ☐ Married | | widowed | | | | |
| Address in Israel | | | | | | | | |
| Street Address | | | City | / Town | | | Postal Code Telepho | one |
| Address abroad | | | | | | | | |
| Street Address | | | City | / Town | Sta | nte | Postal Code Telepho | one . |
| Details of the I | ni | | City | 7 10 111 | 54 | | 1 osur code Telepho | mic . |
| | ngury nen Injury Occurre | ad. | | | Place where | Injury Oc | curred | |
| Date and Time W | ich mjury Occurre | A. | | | i iace where | injury OC | Ouriod | |
| Full description of | f the injury and its | causes (if sr | ace is | insufficier | nt nlease attach a | additional | naner) | |
| 1 un description o | i are injury and its | causes (11 sp | ,acc 18 | mounte | n, prease anaem | additional . | pupoi) | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Limb(s) affected | | | | | Nature of in | jury (e.g. ł | oreak, burn, cuts, etc.) | |
| | | | | | | | | |
| Who provided fir | st aid? | | | | Name of do | ctor or me | dical facility | |
| • | | | | | | | · | |
| Name of hospital | and department (i | f vou were h | osnital | ized) | | Period | of hospitalization | |
| rume of nospital | and department (1 | i you were in | овртия | izou) | | | • | |
| | | | | | | _ | To: | |
| Police Station tha | t dealt with the Inc | eident | | Police | File Number | Date yo | ou stopped working as a result of the | e injury |
| | | | | | | | | |
| Names and addre | sses of witnesses | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Have you returne | d to work since the | e iniury? | > T | | | | | |
| Trave you returne | d to work since the | _ | No Yes. | Dleas | e indicate the da | te vou retu | urned to work: | |
| D 1 | 111 | | | 1 1008 | e mureate the da | ic you lett | anica to work. | |
| Do you have med | ical insurance? | | No | | | | | |
| | | Ц | Yes. | If so, | which? | | | |
| Have you suffered | • | | No | | | | | |
| nact or from any | condition similar | to that | - | | | | | |
| | re suffering at pre | | Yes. | | | | | |

| . Details of the Family of the | Injured Person | | _ | | | | |
|--|---|---------------------------------|----------------------|----------------------|--|--|--|
| Spouse's Family Name | Spouse's First Name | Spouse's Nationality | Spouse's Passi | port / I.D. Number | | | |
| | | | | | | | |
| Children up to the age of 21 | | | | | | | |
| <u>Name</u> | Name Passport Number / I.D Number Date of Birth | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| | | | | | | | |
| D. Details of Bank Account (Th | ne account must be held in | the name of the claiman | t alone) | | | | |
| The account is held in the name of | | Passport / I.D. Ni | umber | | | | |
| Name of Bank | | | | | | | |
| Address of Bank Branch or Office | | | | | | | |
| Bank / Branch Code Number | | Account Number | · | | | | |
| | | | | | | | |
| E. Declaration regarding Deter | rmination of Degree of Di | isability | | | | | |
| For claimants residing outside Is | | | | | | | |
| I agree that a medical committee in | ı İsrael shall discuss and deter | mine my degree of disabil | ity in my absenc | e | | | |
| - 16 | | | ,, | | | | |
| Name | | / I.D. Number | | Signature | | | |
| Name | rassport | 7 I.D. Number | | Signature | | | |
| T. Declaration (to be signed in t | he presence of an Israeli di | inlomatic or consular of | ficer) | | | | |
| · · · · · · · · · · · · · · · · · · · | | <u>-</u> | | TC4 | | | |
| I hereby declare that I am making a National Insurance Institute deposi | | - | | | | | |
| I agree that the bank shall, upon red | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Place | Date | Passport / I.D. Nur | mber | Signature | | | |
| | | | | | | | |
| If the claim form is not signed by the cla | aimant, please indicate the reason | for this, the name of the signa | atory, his / her add | ress and passport or | | | |
| identity number (where available). If the | e claim form is signed by fingerp | rint or mark, please note the n | ame of the witness | s to the signature, | | | |
| nd his passport or identity number. | | | | | | | |
| | | | | | | | |
| For Official Use Only (In Israel | : National Insurance Institu | ue; Abroad: Israeli Diplo | omatic or Cons | ular Office) | | | |
| Received on | by | . Accompanyin | ng documents | | | | |
| | | 11000mpuny m | _ | | | | |
| | | | | | | | |
| Verified by | in accordance with | | | | | | |





National Insurance Institute Israel

Waiver of Medical Confidentiality

I hereby request that the National Insurance Institute of Israel or its representative be provided with any or all information relating to my illness, medical condition, the treatment given to me, the results of any treatment or tests and / or any other information required by them and / or any other medical documents relating to me.

| Name | |
|--------------|------------|
| Passport / I | .D. Number |
| Address | |
| Date | |
| Signature | |



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| Address | |
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| Signature | |

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| Date |
| G:tom |

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| Name | | | |
|--------------|------------|--|--|
| Passport / I | .D. Number | | |
| Address | | | |
| Date | | | |
| | | | |

Please read these guidelines before filling out the form

General

- Before the National Insurance Institute can deal with your claim, we will obtain confirmation from the appropriate authorities in Israel that the injury was the result of a hostile act.
- Medical treatment should be obtained at a recognized / public medical facility. The Institute will not cover the costs of private medical care
- Please fill out the form clearly. The claim must be accompanied by a medical certificate from a recognized medical facility.

How to submit the claim

- 1. The claim form should be submitted within 12 months of the date of injury. However, we suggest that you submit it as early as you can, so that we can deal with it with a minimum of delay. The Institute has the right to reject a claim that is submitted after this period.
- 2. If you are living in Israel, you should submit the claim form at the offices of the National Insurance Institute nearest your place of residence, accompanied by medical certificates stating the treatment you have received as a result of the Injury. If you reside outside of Israel, you must submit the claim form at the nearest Israeli embassy or consulate to your place of residence.
- 3. In order for your claim to be processed, you must sign the "Waiver of Medical Secrecy" slips attached to the claim form.
- 4. The compensation payments will be paid directly into your bank account. The account must be held in your name alone; compensation payments cannot be paid into a joint bank account. The payments will be made directly into a bank account overseas, where appropriate, in local currency.

Determination of Degree of Disability

If you have returned to work, but have been left with a disability, you must inform the National Insurance Institute, so that we can determine your degree of disability. For this purpose, you must send us all the medical certificates and documentation that you received as a result of the injury.

- If you are living in Israel, you will be called to be examined by a medical committee appointed by the National Insurance Institute. The committee will determine your degree of disability as a result of the injury.
- If you are living outside of Israel, the medical committee will determine your degree of disability in your absence on the basis of the medical documentation which you have submitted. The committee's final decision will be sent to you in writing.

Appeals against the Determination of Degree of Disability

Any injured person has the right to appeal against the medical committee's determination of degree of disability, before a medical appeals board. The National Insurance Institute also has this right. The decision of the medical appeals board is final, and is not subject to further appeal.

You must notify the National Insurance Institute of changes in your address, marital status, or Income, since these may affect the level of compensation to which you are entitled.