



**National Insurance Institute**  
Department for Victims of Hostile Acts

חותמת הסניף ותאריך קבלה

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Date Received

**Claim for Compensation for the Family of a Victim of a Hostile Act**  
(Compensation for Victims of Hostile Acts Law, 1970)

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

I, the undersigned, hereby claim compensation based on the following information:

**A. Personal Details of the Victim**

Family Name	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Father's Name	Passport or I.D. Number
Date of Birth	Date of Marriage	Last Address		

**B. Details of the Hostile Act and Injury**

_____	_____	_____	_____
Date of the injury	Date of Death	Police Station that Investigated the Incident	Hospital where the Victim was Treated after the injury
Briefly describe the incident:			
_____			
_____			

**C. Details of the Claimant**

<u>Relationship to the Deceased</u>	<u>Family Name</u>	<u>First Name</u>	<u>Passport or I.D. Number</u>	<u>Date of Birth</u>
Widow/er	_____	_____	_____	_____
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Orphan (living independently)	_____	_____	_____	_____
Other	_____	_____	_____	_____

**D. Claimant's Address**

Street	No.	Town/City	Postal Code	Telephone
_____	_____	_____	_____	_____

**E. Details of Non-Bereaved Spouse** (to be completed by a bereaved parent whose spouse is not the parent of the deceased)

Family Name	Previous Family Name	First Name	Date of Birth	Passport or I.D. Number	Date of Marriage
_____	_____	_____	_____	_____	_____

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#### F. Details of Children (to be filled out by a widow/widower)

Name of Child	Sex M/F	Date of Birth			Passport or I.D. No.	Marital Status	Address
		Day	Month	Year			
Notes							

#### G. Details of Siblings of the Deceased (to be filled out by bereaved parents)

Family Name	First Name	Father's Name	Mother's Name	Date of Birth			Passport or I.D. No.	Address
				Day	Month	Year		

#### H. Other Compensation Entitlements (to be filled out by the claimant)

Have you received, or are you entitled to receive, any compensation payment as a result of this bereavement from an Insurance company or from the authorities of the country in which you are living?

No  Yes - please give details:

#### I. Details of Bank Account

The account must be held in the name of the claimant alone; in the case of bereaved parents, the account may be held jointly.

The account is held in the name of \_\_\_\_\_ Passport / I.D. Number \_\_\_\_\_  
Name of Bank \_\_\_\_\_  
Address of Bank Branch or Office \_\_\_\_\_  
Bank / Branch Code Number \_\_\_\_\_ Account Number \_\_\_\_\_

#### J. Declaration (to be signed in the presence of an Israeli diplomatic or consular officer).

I hereby declare that I am making a claim for a compensation payment, and that all the details given by me are correct. If the National Insurance Institute deposits in my bank account any sum which, wholly or in part, is paid in error or not according to the law, I agree that the bank shall, upon request from the National Insurance Institute, return those sums from my account. I will inform the National Insurance Institute of any changes in my address or marital status, and/or those of my children.

\_\_\_\_\_ Place \_\_\_\_\_ Date \_\_\_\_\_ Passport / I.D. Number \_\_\_\_\_ Signature \_\_\_\_\_

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**For Official Use Only** (In Israel: National Insurance Institute; Abroad: Israel Diplomatic or Consular Office)

Received on _____ by _____ Accompanying documents _____			
Verified by _____ in accordance with _____			
Details of Institute employee or consular official present when form was completed:			
_____	_____	_____	_____
Name	Position	Date	Telephone

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### **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.
- You must notify the National Insurance Institute of any change in your address or marital status.

#### **How to submit the claim**

1. **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. If you reside outside of Israel, you must submit the claim form at the nearest Israeli embassy or consulate to your place of residence.**
2. This claim is personal, and each claimant must submit a separate form, except in the following cases:
  - A widow or widower should fill in the details of his/her children in **Section F**.
  - Parents of the deceased should:
    - a) Fill in the details of their children in **Section G**.
    - b) Bereaved parents **who are married to each other** should fill in **one form only** with the details for both of them.

#### **Documents and Statements to be submitted along with the Claim Form**

1. The passport or I.D. Card of the person making the claim.
2. The death certificate of the deceased.
3. A statement from the police regarding the type of incident in which the deceased was injured.
4. Proof of your relationship to the deceased.
5. If your bank account is held outside the state of Israel, a formal document that proves  
The details of the account.