

CLAIM FORM

To file a claim answer ALL questions below.

Fill in, print and sign the form and send it to Ishlav Insurances Agency by email, to claims@ishlav.co.il (scanned), by Fax: +972-3-6884420, or by mail.

Name: _____

Address: _____

Country: _____ Phone: _____ Fax: _____

Email: _____

Policy No: _____ Endt. No: _____ Dated: _____

Company Name of Freight Forwarder / Mover who handled your move

At Origin: _____ At Destination: _____

Date & Place Loss Discovered: _____

Packing Date: _____ Departure Date of Shipment: _____

Arrival Date at Country of Destination: _____ Delivery Date to Residence: _____

Describe, to the best of your knowledge, how the loss or damage occurred: _____

Were the lost or damaged articles: a. Insured under any other policy or insurance contract ? Yes No
 b. Your own property ? Yes No

Packing List No.	Full Description of Articles and Details of Loss / Damage	Purchase Price US\$	Year of Purchase	Amount of Claim US\$
Total Amount of Claim US\$				

I hereby certify that the claim presented is correct and truthful and that no material information has been omitted.

Signature

Date

- The following items are included with this claim form:
- Copy of Confirmation of Insurance.
 - Ocean / Air / Overland Bill of Lading.
 - Written professional estimates for repair or replacement.

- Insurance Inventory Form filled in by you before shipment.
- Packing List.
- Copy of the form you signed when taking possession of showing the exceptions you took, your goods
- Photographs of the damaged items.