



**CLAIM FORM FOR CAR RENTAL EXCESS REFUND IN ACCORDANCE WITH CHAPTER 2 OF THE SERVICE AGREEMENT AND/OR COVER FOR TYRES, WINDSHIELDS AND OTHER COVERAGES, IN ACCORDANCE WITH CHAPTER 3 OF THE SERVICE AGREEMENT**

Dear Customer,

Please select the method of communication you prefer:

Regular post / E-mail (please state your e-mail address clearly) \_\_\_\_\_

\*\*\* If you do not reply to this question the claim documents will be sent by regular post \*\*\*

**DETAILS OF THE CUSTOMER**

Full name \_\_\_\_\_ I.D. number \_\_\_\_\_

Address \_\_\_\_\_ Telephone no. \_\_\_\_\_

Voucher no. \_\_\_\_\_

Type of cover:  Excess refund  Tires, windshields and other coverages

Puck up country \_\_\_\_\_

Car rental supplier \_\_\_\_\_ Date of the event \_\_\_\_\_

**DESCRIPTION OF THE CIRCUMSTANCES OF THE EVENT**

(Place of the event, identity of the driver, circumstances of the accident and description of the damage to the vehicle)

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Amount charged \_\_\_\_\_ Currency \_\_\_\_\_

Address: 18, Yad Harutzim Str., P.O.Box 6137 Netanya, Israel

Tel: +(972)-76-8622228 Fax: +(972)-76-8623336



Please attach the following documents:

- Car rental voucher + coverage appendix
- Rental agreement from the car rental supplier
- Damage report from the car rental supplier
- Final invoice from the car rental supplier
- Confirmation that the excess has been paid to the car rental supplier, with specific reference to the amount charged
- Copy of the driving license of the driver at the time of the event
- Request for bank transfer attached (the transfer will be made only if the entitlement of the customer / beneficiary to the refund is accepted by the insurance company)

**Signature of the customer** \_\_\_\_\_

**Date** \_\_\_\_\_

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## REQUEST FOR BANK TRANSFER

I, the undersigned, hereby request that Shirbit Insurance Company Ltd. pays me the amounts which I am claiming due the event that occurred on \_\_\_\_\_, claim no. \_\_\_\_\_, by making a transfer to my bank account whose details are as follows:

Name of the account holder	I.D. number:																		
E-mail address for notification of the transfer:										Name of the bank				Branch					
Account number						Branch no.						Bank code.							

I am aware that completing this form does not bind Shirbit Insurance Company Ltd. to accept my claim and/or the amount being claimed.

\_\_\_\_\_ me \_\_\_\_\_ Date \_\_\_\_\_ Signature

- **Please attach a copy of a cheque from the account holder or confirmation of the details of the account from the bank.**
- **Notice of the payment will be sent to the aforementioned e-mail address or to the following e-mail address:**

**This form may be sent by fax to +972-76-8843336  
or to P.O. Box 6137, Netanya 4216002 Israel  
or by mail to [lilyl@shirbit.co.il](mailto:lilyl@shirbit.co.il)**

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