

5A(2) of the Law.

- Dispatch of Confirmation, Notice or Demand 3. A confirmation of receipt, Notice of Rejection or Demand, as the case may be, shall be sent by registered post or by facsimile to the address for correspondence stated on the Form; confirmation from the post office on the receipt of mail for dispatch by registered post or confirmation of the transmission of a facsimile, as the case may be, shall serve as conclusive evidence of such dispatch.
- Dispatch of the Form 4. (a) The Form shall be sent to the Division of Claims and Insurance, Department of Administration, Economy and Properties at the Ministry of Defense (in these regulations, the "Ministry of Defense"), to the address stated on the Form, in one of the following manners:
- (1) By registered post with delivery confirmation; the date of the delivery confirmation shall be the date of giving of the Notice;
 - (2) By facsimile or by personal delivery, provided that the Notifier shall have received confirmation from the Ministry of Defense of his arrival at the ministry, stating the date of arrival (hereinafter: "Date Confirmation"); the said date shall be the date of giving of the Notice; a Date Confirmation shall not constitute a confirmation of receipt within the meaning thereof in Regulation 2(b).
- (b) A Form, including a completion of details according to Regulation 2(d), sent or delivered other than as provided in paragraph (a), shall not be deemed as the giving of Notice for purposes of the Law.
- (c) In the event of filing a claim, within the meaning thereof in Section 5A of the Law, a delivery confirmation or Date Confirmation shall be attached to the complaint, along with a confirmation of receipt and a copy of the Notice.
- Commencement 5. These regulations shall commence thirty days after the publication hereof.

Schedule

(Regulation 1)

The Notifier is obliged to fill out the details as required in the form.

If the details are not filled out as aforesaid, then the dispatch of the form shall not be deemed as the giving of notice as required in the Law.

**To: Division of Claims and Insurance, Department of Administration,
Economy and Properties,
Ministry of Defense**

Address: HaKiryia, Tel Aviv

Facsimile: 03-6934083, 03-6977101, Telephone: 03-6976622

In the event of a change of address, the Ministry of Defense shall publish an update in a daily newspaper and on the Ministry of Defense's website, and the updated details shall be binding from the date of publication.

Form of Notice in Writing

Fill out the details required in the form on the lines designated therefor. Check the appropriate boxes.

A. Injured Party's Details

Injured Party

Full name _____
(first name) (father's name) (grandfather's name) (surname)

I.D. number _____

Date of birth _____

Marital status _____ (single/married/divorced/widower)

Residential address _____
(town/village, quarter, neighborhood, street, number)

Address for correspondence _____

_____(residential address, other address, facsimile number)

Injured party's parents (fill out only if the injured party was a minor on the date of the incident)

Injured party's father – full name _____

I.D. number _____

Injured party's mother – full name _____

I.D. number _____

B. Details of the Incident as a Result of which the Damage was Caused

Date _____

Time of injury _____

The circumstances of the act in which the injury took place, including a description of claimant's acts at the time of the injury

The place where the injury took place (specify the location of the injured party and of the perpetrator at the time of the injury)

(specify town/village, quarter, neighborhood, street, number, and specify nearby public and central buildings, such as infirmary, post office, mosque, town hall)

Who caused the injury (description of the injuring human factor, to the extent possible – IDF / Border Guard soldier, their number)

What caused the injury (bullet/rubber bullet/shrapnel/shell/explosion/missile impact/other; in the event of injury by a military vehicle, state the details of the vehicle and the driver, to the extent possible).

Specify the names, residential addresses and identity numbers of witnesses to the circumstances of the injury, if any were at the place:

1. _____
2. _____

C. Details of Damage

1 Bodily injury

Description of injury

(in particular, state the location of the injury on the body)

1 Damage to Property

Description of the property (building, vehicle, other), its address/location thereof

If the property is owned by a legal corporation (company, partnership, non-profit society), specify the names of the shareholders/partners

Description of the damage and the scope thereof, as known on the date of the notice

D. Additional Details

1. Evacuation for medical treatment (specify only if evacuated)

Evacuating body _____ (private, ambulance of an organization)

Medical institution to which evacuation was made _____

2. Filing of complaint / notice on the incident (specify only if filed)

Complaint filed on _____ with _____

(an entity of the State of Israel / defense forces, any non-profit society or organization)

E. Details of Notifier (to be filled out only if notice is not given by the injured party himself)

Full name _____

I.D. number _____

Residential address _____

(town/village, quarter, neighborhood, street, number)

Address for correspondence _____

(residential address, another address, facsimile number. State only one address for correspondence on the form – in either Part A or Part E of this form)

Notifier's Relation to Injured Party

Guardian

Another on injured party's behalf _____ (specify relation to injured party)

In the Event of Death of the Injured Party

Date of injured party's demise _____

Dependent upon injured party _____ (specify dependent's relationship to injured party – parent/child/other)

On behalf of the estate _____

Date _____

Notifier's signature _____

29 Adar I 5763 (3 March 2003)

Shaul Mofaz

Minister of Defense