

Baggage Claims Department
P.O.B. 41, Ben Gurion Airport, 7015001, Israel

Fax: 03-7602255 E-mail: baggageclaimsEIAI@elal.co.il

Dear Passenger,

El Al Israel Airlines Ltd. does its utmost to deliver your baggage on-time and damage-free. Nevertheless, there are cases in which baggage is delayed, damaged or lost, for which we apologize in advance. We are sorry for any inconvenience you were caused as a result of the event you are reporting.

Please complete the attached form, and send it to the El Al office <u>nearest your place of permanent residence</u> by mail, e-mail, or fax. Israeli residents should use the above address, and United States residents should send claims to our New York office. For the office nearest you, please visit our website at www.elal.co.il.

All claims must be submitted in writing within 7 days from the time you received the baggage in the event of claims for damage or missing items, or 21 days in the event of claims for delayed baggage.

I. PLEASE SUBMIT COPIES OF THE FOLLOWING DOCUMENTS WITH THIS FORM:

☐ Flight ticket
☐ Boarding pass
☐ Baggage tags (attached to your flight ticket and/or suitcase)
☐ Report filed at the airport (Property Irregularity Report and/or Damage Report)
☐ Applicable receipts
If you do not have all of the above documents, please state so when submitting your claim.
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All claims will be handled in accordance with the General Conditions of Carriage and international conventions and laws which determine airlines' limits of liability.

In the event that you fail to provide all of the documents or information requested by us, we reserve the right to dismiss your claim in whole or in part.

II. PERSONAL DATA

Last (Family) Name As appears on passport	Title and First (Given) Name		
I.D. Number * OR Passport No. (Specify Country)	Gender	MALE	☐ FEMALE
Address line 1	Address line 2 (Where applicable)		
City/State	Postal/ZIP Code		
Country	Matmid Number TL/SL/GL/PL/TP		
Telephone	Fax		
Cell phone	Email		

^{*} I.D. Number is mandatory for Israelis. Non-Israelis must provide passport number.



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III. FLIGHT INFORMATION (INCLUDING OTHER CARRIERS)

Date	Airline	Flight no.	Departure airport	Arrival airport
			_	

IV. DETAILS OF JOURNEY AND BAGGAGE
Number of baggage pieces: Checked-in
Received on baggage carousel
2. Where was baggage checked?
☐ Check-in counter ☐ Boarding gate ☐ Other
3. Where did you last see your baggage?
4. Did you report the incident immediately to an El Al representative?
☐ Yes, report no ☐ No
5. Was the incident reported to another airline?
☐ Yes, Carrier: Report no ☐ No
6. Did you pay for excess baggage? ☐ Yes, attached is copy of receipt ☐ No
7. Total number of passengers in your party
8. Purpose of journey ☐ Business ☐ Pleasure ☐ Other
9. If your baggage was anything other than a suitcase, please indicate:
☐ Baby stroller ☐ Surfboard ☐ Musical instrument ☐ Wheelchair



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Details							
2. When and where	e did you dis	scover the	damage or	missing it	tems?		
3. Details of missin	•		, and the second	J			
Item	Quantity	Date of Purchase	Purchase Price	Currency	Damaged	Missing	Recei (Yes/I
		TOTAL:					
VI. SECURITY SEE	PARATION PARATION	*Fill this se	ection only it	Security to	ook or dam	aged your l	belonging
	ed						
1 Object(s) detaine							
 Object(s) detained Loss □ □ 	Damage						



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VII. DELAYED RECEIPT OF BAGGAGE

Note: In the event that your luggage was delayed upon returning to your place of residence, do not fill out this section; after 21 days have elapsed, please fill out section VIII on page 5.

Number of days of visit (not in your place of residence)
2. Delay (in days/hours) in receiving baggage
3. Details of expenses incurred because of delay:

Date	Description of Expense	Receipt? (Yes/No)	Purchase Price	Currency
		TOTAL:		



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VIII. BAGGAGE DELAYED FOR MORE THAN 21 DAYS

1.	Details of baggage	contents	(use an	additional	page if	necessary'	١.
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	Quantity	Date of Purchase	Value	Currency	Receipt? (Yes/No)
	I	TOTAL:			
IX. DECLARATION					
Rank Account Details (for use i	n the event o	of compensa	, ,		•
Bank Account Details (for use in Account Owner Name:	n the event o	Account Ow	tion):	per (for Israeli a	
Account Owner Name:	n the event o	Account Ow Branch Num	tion): ner ID Numb		
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Account Owner Name: Bank Name and Number:	n the event o	Account Ow Branch Num	tion): ner ID Numb	oer (for Israeli a	
Account Owner Name: Bank Name and Number: Account Number: In consideration for the receipt of acquit and forever discharge El Al agents and/or any other person for sustained and/or which may here arising out of, in connection with, claim.	compensatio Israel Airlines whom EL AL inafter at any or incidental	Branch Num IBAN+SWF IBAN	tion): ner ID Numb nber: T CODE/BIC ion with th ") and/or it all claims stained by delay, or	nis claim, I he s employees, and demands me or any damage refer	ereby releas servants a s for damag other perso
Account Owner Name: Bank Name and Number: Account Number: In consideration for the receipt of acquit and forever discharge El Al agents and/or any other person for sustained and/or which may here arising out of, in connection with, claim. I acknowledge that any compensa satisfaction of a disputed claim and By submitting this form, I hereby appended documents are accurate,	compensatio Israel Airlines whom EL AL inafter at any or incidental ation to be pa d does not cor declare that complete and	Branch Num Branch Num IBAN+SWF IB	tion): ner ID Numb aber: CODE/BIC ion with the all claims stained by delay, or will be redmission of the alls in this claim is fou	nis claim, I he s employees, and demands me or any damage refereceived in fur fliability by E	ereby release servants as for damage other personated to in the servants as for all accord as EL AL.
Account Owner Name: Bank Name and Number: Account Number: In consideration for the receipt of acquit and forever discharge El Al agents and/or any other person for sustained and/or which may here arising out of, in connection with, claim. I acknowledge that any compensa satisfaction of a disputed claim and	compensatio Israel Airlines whom EL AL inafter at any or incidental ation to be pa didoes not cor declare that complete and	Branch Num Branch Num IBAN+SWF IB	tion): ner ID Numb nber: T CODE/BIC ion with the all claims stained by delay, or will be redmission of the stained by delay and the stained by delay are delay.	nis claim, I he semployees, and demands me or any damage refereceived in fur fliability by E document and to be inactited to reimboars.	ereby release servants a servants and to in the servants and in all the curate for a