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# Civil Wrongs (Liability of the State) Regulations (Notice of Damage in Writing), 5763-2003

By the power vested in me in Section 5A(2)(a) and (6) of the Civil Wrongs (Liability of the State) Law 5712-1952 <sup>1</sup> (hereinafter: the "Law"), in consultation with the Minister of Justice, and with the approval of the Constitution, Law and Justice Committee of the Knesset, I hereby promulgate these regulations:

Form of Notice 1. A notice in writing, within the meaning thereof in Section 5A(2) of the Law (hereinafter: the "Notice") shall be given in accordance with the form in the Schedule, which shall be in the Hebrew language and in the Arabic language (hereinafter: the "Form").

- Full Details

  2. (a) The person giving the Notice pursuant to Section

  5A(2)(a) or (c) of the Law, as the case may be

  (hereinafter: the "Notifier"), is obliged to fill out the

  details as required in the Form.
  - (b) The Ministry of Defense shall send the Notifier a confirmation of receipt for a Form filled out with the required details as provided in paragraph (a).
  - (c) 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 Section 5A(2) of the Law; the Ministry of Defense shall send the Notifier notice thereof (hereinafter: a "Notice of Rejection").
  - (d) The provisions of paragraph (c) notwithstanding, the
    Ministry of Defense may, at its discretion, demand that
    the details missing from the Form be completed
    (hereinafter: the "Demand"); if the details are not
    completed within forty five days from the date of dispatch
    of the Demand, then the dispatch of the Form shall not be
    deemed as the giving of Notice as required in Section

<sup>&</sup>lt;sup>1</sup> Statutes 5712, p. 339; 5762, p. 514.

#### 5A(2) of the Law.

Dispatch of
Confirmation,
Notice or
Demand

3.

4.

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

- (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.

<u>To</u>: Division of Claims and Insurance, Department of Administration,

**Economy and Properties,** 

**Ministry of Defense** 

**Address:** HaKirya, 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/marrie	ed/divorced/widower)	
Residential address			
(tov	vn/village, quarter, n	eighborhood, street, numb	er)
Address for correspondence	<u>ee</u>		
	(residential addre	ess, other address, facsimil	e number)
Injured party's parents (fill o	out only if the injure	d 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			

## В. 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).

### C. **Details of Damage I** Bodily injury Description of injury (in particular, state the location of the injury on the body) **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)

	Details of Notifier (to be filled out .imself)	only if notice is not given by the injured party	
Full name	,		
	ber		
Residenti			
		eighborhood, street, number)	
Address			
		dress, another address, facsimile number. State only one	
	form)	rrespondence on the form – in either Part A or Part E of this	
	,		
Notifier'	s Relation to Injured Party		
ĵ (	Guardian		
Î A	another on injured party's behalf	(specify relation to injured	
	arty)		
In the Ev	vent of Death of the Injured Part	y	
Date of in	njured party's demise		
	Dependent upon injured party (specify dependent's		
	relationship to injured party – parent/child/other)		
ĺ (	On behalf of the estate		
Date	No	tifier's signature	
29 Adar l	5763 (3 March 2003)		
2) 1 Mai 1	(5 (5 Millen 2005)		
Shaul Mo	ofaz		
	of Defense		