

NOTICE OF NIL TRANSMITTAL OF STATISTICAL DATA
ISRAEL COMPULSORY VEHICLE INSURANCE

Send To:
ISO Insurance Services Office of Israel, Ltd.
Amot Bituach Building, Building B, 9th Floor
Derech Petach Tikva 48
Tel Aviv 66184

IMPORTANT NOTES:

- a) For each "None to Report" submission a separate Notice of Nil Transmittal must be filed for each Type of Statistics.
- b) All appropriate information must be completed on this form.

1. Group Name: _____

2. TR Group: Enter Number in: _____ →

3. Statistical Plan: Enter Number in: _____ →

4. Accounting Date (numeric): _____ →
(03 = first quarter; 06 = second quarter;
09 = third quarter; 12 = fourth quarter) Month

Year

5. Type of Statistics: Enter Number in: _____ →

- Premiums _____ → 1
- Paid Losses _____ → 2
- Outstanding Losses _____ → 3

Signature* _____

Date _____ / _____ / _____
Day Month Year

Print Name _____

Telephone No. _____

Title _____

* Signatory must be company official responsible for compilation of statistical data.

ISO-2076-IS