NOTICE OF CLAIM
N.J.S.A. 59: 8-6

1. Claimant:

_____ _____

Last First Middle Area code and telephone number

_____ _____

Street Address Mailing Address (if different)

_____/_____ _____

Date of Birth/ Social Sec. No. City State Zip Code.

If notice and correspondence, in connection with this claim, are to be sent to a person other than the claimant, complete item #2.

2. _____ _____

Name Mailing Address

_____ _____

Area Code and Telephone NumberCity State Zip Code

Relationship to claimant: Spouse( ) or _____

Explain Relationship

3. a. Date and Time of occurrence of accident: _____/_____

Date / Time

b. Give place or location of the accident

_____

Municipality Exact location of the occurrence

c. Describe how the accident happened:

_____

_____

_____

_____

d. State Name and address of Municipality or Agency that you claim caused your damage.

_____

_____

_____

e. State, in detail, each and every negligent or wrongful act of the municipality and municipal employees who caused your damage.

_____

_____

_____

_____

_____

State the name and address of all witnesses to the accident or occurrence.

e. State the names of all police officers and police departments who investigated the accident

4.a. Claim for damages (check appropriate place)
( ) ( ) Property damage

b. If you claim bodily injury:
1. Describe your injuries resulting from this incident:

2. Do you claim permanent disability resulting from this injury?
_____ Yes _____ No
If yes, describe the injuries believed permanent.

3. List all hospitals, doctors or other practitioners rendering examination or diagnostic service, their addresses and dates of service.

4. If you claim loss of wages or income as a result of the injury, state
_____ Name and address of employer

_____ _____
Your occupation Date of Employment

_____ _____
Rate of Pay Dates of absence from work

_____ _____
Total lost wages to date If still out of work, expected date of return

c. If you claim property damage:

1. Describe the property damage (if vehicle include make, model, year, color, vehicle Identification number, state and license plate number and parts of vehicle damaged.)

_____

_____

_____

_____

2. The present location and time when property may be inspected.

_____

_____

_____

5.The amount of the claim: _____

6.Have you made a claim against anyone else for any of the losses or expenses claimed in this notice? ( ) yes ( ) no
If yes, list the names and addresses of all persons and insurance companies against whom you Have made such claims.

_____

_____

_____

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?
( ) yes ( ) no
For each policy, state name and address of the insurance company, policy number and Benefits paid or payable

_____

_____

_____

8. Have you received or have you agreed to receive any money from anyone for damages claimed herein?_____If yes, give details of agreement.

_____

_____

_____

_____

I hereby certify that the foregoing statements, made by me are true, that the attached statements, bills reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent and that I am subject to punishment provided by law.

DATE:_____ _____

Claimant or person filing report on behalf of the claimant

AUTHORIZATION FOR MEDICAL REPORTS AND RECORDS

TO WHOM IT MAY CONCERN:

I hereby authorize any and all doctors, hospitals and other medical service facilities to release to **BERGEN RISK MAGAGERS** or its representatives, any and all records, reports and other information concerning the treatment of the claimant named herein. Photostatic copies of this Authorization shall carry the same authority as the original.

DATE:_____ _____

(Signature)

(This must be signed by claimant or if claimant is a minor by the claimant's parents or legal guardian)

AUTHORIZATION FOR INFORMATION ON EMPLOYMENT

To WHOM IT MAY CONCERN:

I hereby authorize_____

To release any and all information concerning my employment, past or present, including rate of pay, duties performed, date of absences and reasons therefor. Photostatic copies of this authorization carry the same authority as the original.

DATE:_____ _____

(Signature)