

CLAIMANT'S REPORT OF AUTOMOBILE ACCIDENT

CLAIM Number

CAR OWNER

Name _____ Email _____
Home address _____
City _____ State _____ ZIP Code _____ Phone number _____
Employer's name _____ Phone number _____
Employer's address _____
Are you married? _____ If yes, name of spouse _____

YOUR AUTO AND DRIVER

Driver same as owner (if yes, skip to Date of birth) _____ No Driver (if yes, skip to next section) _____
Driver _____ Driver's license number _____
Driver's address _____ Phone number _____
City _____ State _____ ZIP Code _____
Date of birth ____/____/____ Occupation _____ Email _____
Year _____ Make _____ Model _____ VIN _____
Vehicle's plate number _____ Color _____
Name of your insurance carrier _____ Claim number _____ Policy number _____
Liability coverage (Y/N) _____ Collision coverage (Y/N) _____ Rental coverage (Y/N) _____

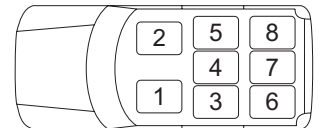
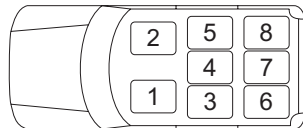
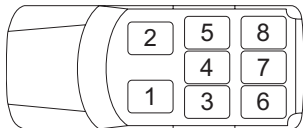
DAMAGE TO YOUR CAR

List parts of your car damaged _____
Have you obtained an estimate of damages? _____ If yes, amount of estimate \$ _____
Name and address of body shop preparing estimate _____

When and where may car be seen? _____

DRIVER AND PASSENGERS

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone number _____	Phone number _____	Phone number _____
Date of birth _____	Date of birth _____	Date of birth _____
Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____
Injured: Yes _____ No _____	Injured: Yes _____ No _____	Injured: Yes _____ No _____
Nature of injuries _____	Nature of injuries _____	Nature of injuries _____
_____	_____	_____
Hospital/Doctor _____	Hospital/Doctor _____	Hospital/Doctor _____
_____	_____	_____



NJM POLICYHOLDER INFORMATION

Name _____ Policy number _____
Address _____
Year _____ Make _____ Model _____ VIN _____
Vehicle plate number _____ Color _____
List Parts damaged (ex. right front fender) _____
Driver _____ Driver's license number _____
Driver's address _____ Email _____

DESCRIPTION OF ACCIDENT

Date of loss _____ Time ____ a.m./p.m.
 Address _____ City _____ State _____ ZIP Code _____
 Was report made to police? _____ Case number _____
 Name of Police Department _____
 Was anyone charged? _____ Who? _____ Charges? _____
 Was either driver talking on a cellular phone? _____ If yes, who? _____
 Traffic control (stop sign, signal lights, etc.) _____
 Weather conditions at time of accident _____
 Were your headlights on? _____ Road conditions _____
 Direction your car was going _____ Side of street _____ Speed _____
 Direction of other car _____ Side of street _____ Speed _____
 Did you give warning signal? _____ What kind? _____
 Did other car give warning? _____ What kind? _____
 Give description of how loss occurred _____

Describe damaged property other than auto _____

Are you making a claim with NJM? _____ For what amount? _____

WITNESS

Were there any witnesses to the accident other than occupants of your car? _____
 Name _____ Age _____ Email _____
 Address _____ Phone number _____
 Name _____ Age _____ Email _____
 Address _____ Phone number _____
 Name _____ Age _____ Email _____
 Address _____ Phone number _____

NOTICE REQUIRED BY INSURANCE REGULATORS

Any entity engaged in the business of auto body repairs must be licensed. Insurers are prohibited from negotiating, adjusting or settling an automobile damage claim with an unlicensed facility.

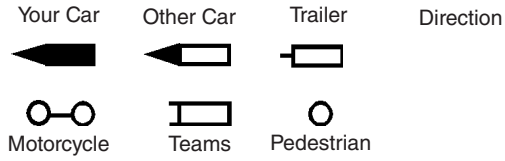
Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DATE _____ SIGNATURE _____
 OF REPORT _____

SHOW HOW ACCIDENT OCCURRED BY USING ONE OF THESE DIAGRAMS (Next Page)

IMPORTANT

Please fill in diagram showing position of automobile and injured person (or other vehicle with which insured's automobile collided) with direction in which both were proceeding.



Indicate Points of Compass
N E S W

