	CLAIMANT'S REPORT OF AUT	OMOBILE ACCIDENT	CLAIM NO.				
YOUR	Name	E-mail					
CAR	Address						
OWNER	CityS						
			Phone #				
	Employer's address If yes, name of spouse						
YOUR	Year Make	Model	VIN #				
AUTOMOBILE	Vehicle's plate #	Color	E-mail				
AND DRIVER	Driver	Occupation Claim # Policy #					
DRIVER	Driver's address						
	Name of your insurance carrier_	Claim	#Policy #				
	Liability coverage (Y/N)	Collision coverage (Y/N)_	Rental coverage (Y/N)				
DACCENCEDO	Nama	Nama	Nama				
PASSENGERS			Name				
			Address Phone Number				
			Date of birth or age				
	-	=	fy 2-8) Seating Position (identify 2-8)				
	Seating Fosition (identity 2-0)	Seating Fosition (Identity	Jeaning I Osmor (identity 2-0)				
	2 5 8 4 7 1 3 6	2 5 4 1 3					
DAMAGE TO YOUR CAR	List parts damaged (ex.right from	nt fender)					
	Have you cooured an actimate of damage?						
	Have you secured an estimate of damage? If yes, amount \$						
	Give name and address of party making estimate						
	When and where may car be seen?						
	When and where may car be see	511:					
NJM	Name		Policy #				
POLICYHOLDER	Address						
INFORMATION	Year Make	Mode	VIN #				
	Vehicle's plate #	Color					
	List parts damaged (ex.right front fender)						
	Driver Driver's license #						
	Driver's address		E-mail				
DEDCONO	Was anyone injured?						
PERSONS INJURED	- · · · · · · · · · · · · · · · · · · ·		Age E-mail				
INOUTED			Phone #				
			Hospital/Doctor				
	Nature of injuries		_ Hospital/Doctor				
	Name		Age E-mail				
	Address		Phone #				
	Nature of injuries		_ Hospital/Doctor				
	Name		Age E-mail				
			Phone #				
	ivature or injuries		_ Hospital/Doctor				

WITNESSES	Were there any witnesses to the accident other than occupants of your car?									
	Name 	Address	Age	Phone #	E-mail					
TIME AND PLACE	Date of loss	Time	A.M	P.M	_					
	Street		City		State					
DESCRIPTION OF ACCIDENT	Direction your car was go	ing	Side of stre	eet	Speed					
	Direction of other car		Side of stre	et	Speed					
	Did you give warning sign	nal?	What kind?)						
	Did other car give warning	g?	What kind?)						
	Was either driver talking o	on a cellular phone when	he accident occur	red? I	f yes, who?					
	Traffic control (stop sign, s	signal lights, etc.)								
	Weather conditions at tim	e of accident								
					eadlights on?					
	Was report made to police	e?Case #								
	Name of Police Departme	ent								
					s?					
	Give description of how lo	oss occurred								
	Describe damaged property other than auto									
	Describe damaged prope	rty other than auto								
	Describe damaged prope	rty other than auto								
	Describe damaged prope	rty other than auto								
	Describe damaged prope	erty other than auto								
	Describe damaged prope Are you making a claim									
-	Are you making a claim	with NJM? lowing paragraph be inclu	For what amount	?tatements.						
Any person who k	Are you making a claim	with NJM? lowing paragraph be inclu	For what amount	?tatements.						
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Any person who k penalties.	Are you making a claim	with NJM? lowing paragraph be inclu	For what amount	?tatements.						
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Any person who k penalties. DATE	Are you making a claim gulations require that the foll knowingly files a statement of the control of the contro	with NJM? lowing paragraph be included for claim containing any fal	For what amount ided in all claim s se or misleading i	?tatements.information is	subject to criminal and cives					
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