

**CLAIMANT'S REPORT OF AUTOMOBILE ACCIDENT**

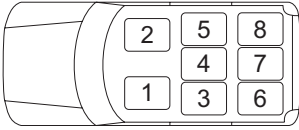
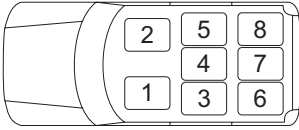
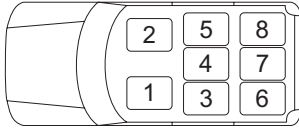
CLAIM NO.

**YOUR CAR OWNER**  
Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's name \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Are you married? \_\_\_\_\_ If yes, name of spouse \_\_\_\_\_

**YOUR AUTOMOBILE AND DRIVER**  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN # \_\_\_\_\_  
Vehicle's plate # \_\_\_\_\_ Color \_\_\_\_\_ E-mail \_\_\_\_\_  
Driver \_\_\_\_\_ Driver's license # \_\_\_\_\_  
Driver's address \_\_\_\_\_  
Date of birth \_\_\_/\_\_\_/\_\_\_ Occupation \_\_\_\_\_  
Name of your insurance carrier \_\_\_\_\_ Claim # \_\_\_\_\_ Policy # \_\_\_\_\_  
Liability coverage (Y/N) \_\_\_\_\_ Collision coverage (Y/N) \_\_\_\_\_ Rental coverage (Y/N) \_\_\_\_\_

**PASSENGERS**

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone Number _____	Phone Number _____	Phone Number _____
Date of birth or age _____	Date of birth or age _____	Date of birth or age _____
Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____



**DAMAGE TO YOUR CAR**  
List parts damaged (ex.right front fender) \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

**NJM POLICYHOLDER INFORMATION**  
Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN # \_\_\_\_\_  
Vehicle's plate # \_\_\_\_\_ Color \_\_\_\_\_  
List parts damaged (ex.right front fender) \_\_\_\_\_  
Driver \_\_\_\_\_ Driver's license # \_\_\_\_\_  
Driver's address \_\_\_\_\_ E-mail \_\_\_\_\_

**PERSONS INJURED**

Was anyone injured? \_\_\_\_\_

Name _____	Age _____	E-mail _____
Address _____	Phone # _____	
Nature of injuries _____	Hospital/Doctor _____	

Name _____	Age _____	E-mail _____
Address _____	Phone # _____	
Nature of injuries _____	Hospital/Doctor _____	

Name _____	Age _____	E-mail _____
Address _____	Phone # _____	
Nature of injuries _____	Hospital/Doctor _____	

**WITNESSES**

Were there any witnesses to the accident other than occupants of your car?

Name	Address	Age	Phone #	E-mail
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_____
_____
_____

**TIME AND PLACE**

Date of loss \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**DESCRIPTION OF ACCIDENT**

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? \_\_\_\_\_

Was either driver talking on a cellular phone when the accident occurred? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Traffic control (stop sign, signal lights, etc.) \_\_\_\_\_

Weather conditions at time of accident \_\_\_\_\_

Road conditions \_\_\_\_\_ Were your headlights on? \_\_\_\_\_

Was report made to police? \_\_\_\_\_ Case # \_\_\_\_\_

Name of Police Department \_\_\_\_\_

Was anyone charged? \_\_\_\_\_ Who? \_\_\_\_\_ Charges? \_\_\_\_\_

Give description of how loss occurred \_\_\_\_\_

_____
_____

Describe damaged property other than auto \_\_\_\_\_

_____
_____

**Are you making a claim with NJM? \_\_\_\_\_ For what amount? \_\_\_\_\_***OH Insurance Regulations require that the following paragraph be included in all claim statements.**I acknowledge that any person who, with intent to defraud or knowingly is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.*

DATE

OF REPORT \_\_\_\_\_

Month

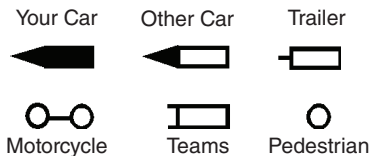
Day

Year

Signature of person making report

**SHOW HOW ACCIDENT OCCURRED BY USING ONE OF THESE DIAGRAMS****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