

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) _____

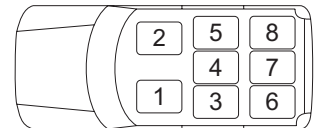
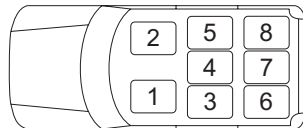
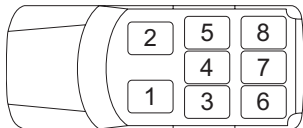
DAMAGE TO YOUR CAR

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 _____

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.

