

CLAIMANT'S REPORT OF AUTOMOBILE ACCIDENT

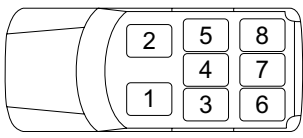
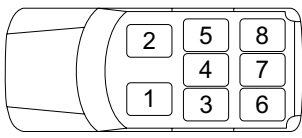
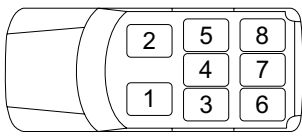
CLAIM NO.

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 _____ Mode _____ 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

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? _____

NJ Insurance Regulations require that the following paragraph be included in all claim statements.

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

DATE

OF REPORT

Month

Day

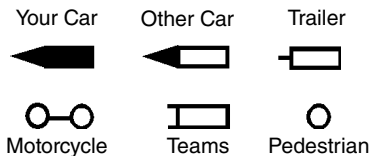
Year

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

