

CLAIMANT'S REPORT OF AUTOMOBILE ACCIDENT

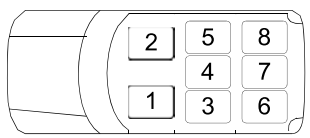
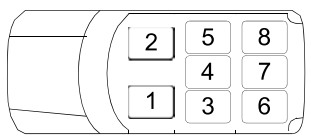
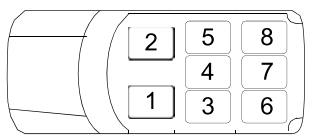
CLAIM NO.

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
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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? _____*NY Insurance Regulations require that the following paragraph be included in all claim statements.*

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

DATE

OF REPORT _____

Month

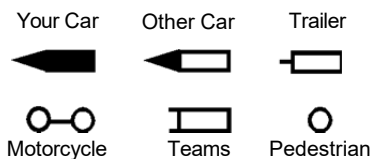
Day

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