

**CLAIMANT'S REPORT OF AUTOMOBILE ACCIDENT**

CLAIM NO.

**YOUR  
CAR  
OWNER**

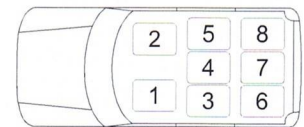
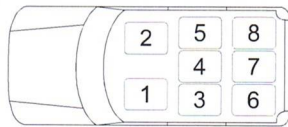
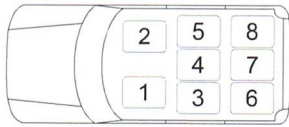
Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's name \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Are you married? \_\_\_\_\_ If yes, name of spouse \_\_\_\_\_

**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 \_\_\_\_\_

