

**CLAIMANT'S REPORT OF AUTOMOBILE ACCIDENT**CLAIM NO. **YOUR  
CAR  
OWNER**

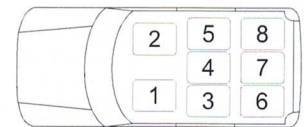
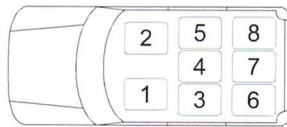
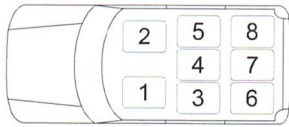
Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's name \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Are you married? \_\_\_\_\_ If yes, name of spouse \_\_\_\_\_

**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.

Your Car



Other Car



Trailer



Motorcycle



Trucks



Pedestrian

Indicate Points  
of Compass  
N E S W