



New Jersey Property-Liability Insurance Guaranty Association

New Jersey Surplus Lines Insurance Guaranty Fund
Unsatisfied Claim and Judgment Fund
Workers' Compensation Security Fund

233 Mount Airy Road ❖ Basking Ridge, New Jersey 07920
Tel: (908) 382-7100
Fax: (908) 382-7150
www.njguaranty.org

Claim Number: _____

NOTICE OF INTENTION TO MAKE CLAIM

Notice of Intention to make a claim for payment from the Unsatisfied Claim and Judgment Fund ("UCJF") must be made within one hundred eighty (180) days of the date of the accident. Review the UCJF Law, N.J.S.A. 39:6-61 et seq., to determine eligibility requirements.

**PLEASE READ ALL SECTIONS OF THIS FORM BEFORE COMPLETING SECTIONS 1, 2 AND 4.
SECTIONS 1, 2 AND 4 MUST BE COMPLETED IN FULL. INCOMPLETE FORMS MAY BE RETURNED. N.J.A.C. 11:3-26.**

Please be advised that knowingly filing a statement of claim containing any false, inaccurate or misleading information, or intentionally omitting information material to the claim will result in the denial of benefits. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

1. CLAIMANT

CLAIMANT NAME _____ GENDER M / F DATE OF BIRTH: ____/____/____
(PLEASE PRINT) LAST FIRST MI (circle one) (MM / DD / YYYY)

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
(IF YOU HAVE RESIDED AT THE ADDRESS LISTED ABOVE FOR LESS THAN TWO (2) YEARS FROM THE DATE OF LOSS PROVIDE YOUR PRIOR ADDRESS)

PRIOR ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DO YOU HAVE A SOCIAL SECURITY NUMBER ("SSN")? ___ Yes ___ No If yes, enter your SSN _____

DO YOU HAVE AN INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER ("ITIN")? ___ Yes ___ No If yes, enter your ITIN _____

ARE YOU A MEDICARE BENEFICIARY? ___ Yes ___ No If yes, enter your Health Insurance Claim Number _____

DO YOU HAVE HEALTH INSURANCE? ___ Yes ___ No If yes, please list insurance company _____

ARE YOU EMPLOYED? ___ Yes ___ No If yes, list name & address of employer _____

2. ACCIDENT

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____ A.M. P.M. (check one)
(MM / DD / YYYY)

ACCIDENT LOCATION _____ CITY/MUNICIPALITY _____ COUNTY _____ STATE _____
(STREET/HIGHWAY/INTERSECTION)

DESCRIBE ACCIDENT _____
(INCLUDE THE NAMES AND CONTACT INFORMATION FOR ANY KNOWN WITNESSES TO THE ACCIDENT)

WERE YOU A: PEDESTRIAN PASSENGER IN VEHICLE NO. _____ (see below) DRIVER OWNER

DESCRIBE INJURIES: _____

Vehicle No. 1 –	Year /	Make /	Model /	License Plate number	Vehicle No. 2 –	Year /	Make /	Model /	License Plate number
Owner					Owner				
Address					Address				
Driver					Driver				
Address					Address				
Driver's license number					Driver's license number				
Insured by					Insured by				
Policy number					Policy number				

3. YOU CANNOT COLLECT STATUTORY BENEFITS FROM THE UCJF IF:

- The accident did not occur in New Jersey. N.J.S.A. 39:6-65.
- Claimant did not timely notify NJPLIGA of claimant's intention to make a claim for statutory benefits. N.J.S.A. 39:6-65.
- Claimant's conduct under the circumstances set forth in N.J.S.A. 39:6-86.3 contributed to claimant's injuries. N.J.S.A. 39:6-86.3.
- Claimant has not complied with all of the requirements set forth in N.J.S.A. 39:6-61 et seq.

e. Claimant has not cooperated with NJPLIGA's investigation in accordance with N.J.S.A. 39:6-61 et seq. and NJPLIGA's Decision Point Review Plan approved by the Department of Banking and Insurance, a copy of which can be obtained at: <http://www.njguaranty.org>

4. INFORMATION REQUIRED FROM CLAIMANT TO INVESTIGATE ELIGIBILITY:

- a. **Is the claim payable under an uninsured motorist endorsement?** Yes ___ No ___
N.J.S.A. 39:6-70(f); N.J.S.A. 17:28-1.1 (See section 5e. below before answering)
- b. **Were you covered under a workers' compensation policy for injuries received in the accident?** Yes ___ No ___
N.J.S.A. 39:6-70(a)
- c. **Were you the spouse, parent or child of the person against whom the claim is being made?** Yes ___ No ___
N.J.S.A. 39:6-70(b)
- d. **Were you operating or riding in a motor vehicle without the owner's permission?** Yes ___ No ___
N.J.S.A. 39:6-70(c)
- e. **Were you the owner or registrant of an uninsured vehicle at the time of the accident?** Yes ___ No ___
N.J.S.A. 39:6-70(d)
- f. **Were you operating a motor vehicle in violation of an order of suspension or revocation of your license?** Yes ___ No ___
N.J.S.A. 39:6-70(d)
- g. **Are your medical bills payable under any medical payment or health insurance plan?** Yes ___ No ___
N.J.S.A. 39:6-86.2

5. ADDITIONAL DOCUMENTATION TO SUPPLY IN SUPPORT OF UCJF ELIGIBILITY:

Please supply the following additional documentation along with this Notice:

All Claims

- a. A copy of the police report.
- b. A completed NJPLIGA approved Affidavit In Support of UCJF Eligibility.
- c. A completed NJPLIGA Certificate of Medicare Eligibility.

Personal Injury Protection Claims

- d. A completed PIP application.
- e. Information known by you as to the availability of uninsured motorist coverage. The automobile insurance policies of the motor vehicles involved in this accident may afford you with uninsured motorist coverage. Uninsured motorist coverage may also be available to you as a pedestrian or passenger in a motor vehicle involved in an accident through the automobile insurance policies issued to the members of your household. You must investigate the availability of these potential insurance sources to cover your injuries.

Uninsured Motorist Bodily Injury Claims

- f. Proof of no insurance on the host vehicle and/or the striking vehicle.
- g. New Jersey Motor Vehicle Commission registration and insurance search on host and/or striking vehicle and abstract search on driver of striking vehicle.
- h. Notice of the filed Summons and Complaint in accordance with N.J.S.A. 39:6-65.
- i. Filed and Docketed Judgment against uninsured person(s).
- j. Order directing payment from the UCJF.
- k. Assignment of Benefits to NJPLIGA.

Property Damage Claims

- l. New Jersey Motor Vehicle Commission registration and insurance search on striking vehicle and abstract search on driver of striking vehicle.
- m. Estimates of the repair or itemized repair bill for property damage other than to your vehicle.
- n. Notice of the filed Summons and Complaint in accordance with N.J.S.A. 39:6-65.
- o. Filed and Docketed Judgment against uninsured person(s).
- p. Order directing payment from the UCJF.
- q. Assignment of Benefits to NJPLIGA.

How to Submit Your Claim You can submit your complete claim package using one of the following:

By Mail

New Jersey Property-Liability Insurance Guaranty Association
233 Mount Airy Road
Basking Ridge, NJ 07920

By Fax

908-382-7150

By Email

FirstNotice@NJGuaranty.org

I CERTIFY THAT ALL STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF I KNOWINGLY FILE A STATEMENT OF CLAIM CONTAINING ANY FALSE, INACCURATE OR MISLEADING INFORMATION, OR INTENTIONALLY OMIT INFORMATION MATERIAL TO THE CLAIM, IT WILL RESULT IN THE DENIAL OF BENEFITS AND MAY SUBJECT ME TO CRIMINAL AND CIVIL PENALTIES.

Signature _____ CLAIMANT

Date _____

OR

Signature _____ CLAIMANT'S GUARDIAN/ PERSONAL REPRESENTATIVE

Information _____ PLEASE PRINT - NAME, CONTACT INFORMATION, & TAX I.D. OR SOCIAL SECURITY NUMBER

OR

Signature _____ INDIVIDUAL COMPLETING THIS FORM (IF FORM NOT COMPLETED BY CLAIMANT/ REPRESENTATIVE)

Information _____ PLEASE PRINT - NAME, EMPLOYER & CONTACT INFORMATION

If you are a driver involved in an accident resulting in injury to or death of any person or damage to property in excess of \$500.00, you must report this accident to the Security Responsibility Accident Reporting Section, New Jersey Motor Vehicle Commission, N.J.S.A. 39:4-130.