

# New Jersey Property-Liability Insurance Guaranty Association

TO: 233 Mt. Airy Road  
Basking Ridge, New Jersey 07920  
Tel: 908-382-7100 Fax: 908-382-7150

As Statutory Administrator for the Unsatisfied Claim and Judgment Fund ("UCJF")

Claim Number: \_\_\_\_\_

## NOTICE OF INTENTION TO MAKE CLAIM

Notice of Intention to make a claim for payment from the New Jersey Property-Liability Insurance Guaranty Association ("NJPLIGA") must be made within one hundred eighty (180) days of the date of the accident. Review the Unsatisfied Claim and Judgment Fund 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 OF THIS FORM. 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 \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
(IF YOU HAVE RESIDED AT THE ADDRESS LISTED ABOVE FOR LESS THAN TWO (2) YEARS FROM THE DATE OF LOSS PROVIDE YOUR PREVIOUS ADDRESS)

PRIOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

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)

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.
- Claimant has not cooperated with NJPLIGA's investigation in accordance with N.J.S.A. 39:6-61 et seq. and in accordance with 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 & 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 & insurance search on striking vehicle & 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.

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

Date \_\_\_\_\_

OR  
CLAIMANT

Signature \_\_\_\_\_

Information \_\_\_\_\_

OR  
CLAIMANT'S GUARDIAN/ PERSONAL REPRESENTATIVE

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

Signature \_\_\_\_\_

Information \_\_\_\_\_

INDIVIDUAL COMPLETING THIS FORM (IF FORM NOT FILLED OUT BY CLAIMANT/REPRESENTATIVE)

(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.