

New Jersey Property-Liability Insurance Guaranty Association

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

TO: 222 Mt. Airy Road
Basking Ridge, New Jersey 07920
Tel: 908-382-7100 Fax: 908-382-7150



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

1. CLAIMANT

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

ADDRESS COUNTY

MUNICIPALITY 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

2. ACCIDENT

DATE OF ACCIDENT TIME OF ACCIDENT A.M. P.M. (check one)

LOCATION OF ACCIDENT - STREET/HIGHWAY

MUNICIPALITY STATE COUNTY

DESCRIBE ACCIDENT

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

Vehicle No. 1 - license plate no.	Vehicle No 2 - license plate no.
Owned by	Owned by
Address	Address
Driven by	Driven by
Address	Address
Driver's license no.	Driver's license no.
Insured by	Insured by
Policy no.	Policy no.

ANY PERSON WHO PROVIDES ANY FALSE OR MISLEADING INFORMATION TO NJPLIGA IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. I CERTIFY THAT ALL STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY STATEMENTS MADE HEREIN ARE FALSE, I AM SUBJECT TO PUNISHMENT.

Signature CLAIMANT Date

OR

Signature PERSONAL REPRESENTATIVE Tax I.D. No. or SSN

3. YOU CANNOT COLLECT FROM THE UCJF IF:

1. You fail to notify NJPLIGA of your intention to make a claim within 180 days of the date of the accident. N.J.S.A. 39:6-65.
2. You are the spouse or parent of the judgment debtor (person against whom claim is made). N.J.S.A. 39:6-70.
- * 3. You were the owner or registrant of an uninsured vehicle. N.J.S.A. 39:6-70.
- * 4. The accident occurred outside of New Jersey. N.J.S.A. 36:6-65.
5. At the time of the accident, you were operating or riding in a motor vehicle which you had stolen or helped to steal or were operating or riding in a motor vehicle without the owner's permission. N.J.S.A. 39:6-70.
6. You were operating a motor vehicle in violation of an order of suspension or revocation. N.J.S.A. 39:6-70.
7. At the time of the accident, you were the operator of an uninsured motor vehicle.
- * 8. Claimant's injuries or death are covered by workers' compensation. N.J.S.A. 39:6-70.
9. The claim is covered by uninsured motorist coverage, collision insurance, extended fire or other insurance. N.J.S.A. 17:28-1.1.
- *10. The claim is covered by an insurance policy. N.J.S.A. 39:6-62 and N.J.S.A. 39:6-70.
11. The claim is for property damage caused by a hit and run motor vehicle. N.J.S.A. 39:6-78.
12. The claim is for property damage of \$500.00 or less. N.J.S.A. 39:6-73.
13. You do not meet the requirements identified in N.J.S.A. 39: 6-61 et seq.
- *14. You are not eligible for PIP coverage as provided by N.J.S.A. 39:6-86.1 and 39:6-86.7.

*** Also Applicable to Pedestrian Claims**

4. INFORMATION REQUIRED TO PROCESS CLAIM:

Pedestrian Personal Injury Protection Claims

1. Copy of police report.
2. Completed NJPLIGA approved Affidavit of No Other Insurance.
3. Completed NJPLIGA Certificate of Medicare Eligibility.
4. Completed PIP application.

Personal Injury Protection Claims

1. Copy of police report.
2. Completed NJPLIGA approved Affidavit of No Other Insurance.
3. Completed NJPLIGA Certificate of Medicare Eligibility.
4. Proof of No Insurance on host vehicle.
5. New Jersey Motor Vehicle Commission registration and insurance search on host vehicle.
6. Completed PIP application.

Uninsured Motorist Bodily Injury Claims

1. Copy of police report.
2. Completed NJPLIGA approved Affidavit of No Other Insurance.
3. Proof of No Insurance on host vehicle and/or striking vehicle
4. New Jersey Motor Vehicle Commission registration and insurance search on host and/or striking vehicle.
5. Filed Judgment against uninsured person(s).
6. Order directing payment from the UCJF.
7. Assignment of Benefits to NJPLIGA.

Property Damage Claims

1. Copy of police report.
2. New Jersey Motor Vehicle Commission registration and insurance search on striking vehicle and driver abstract search on driver of striking vehicle.
3. Estimates of the repair or itemized repair bill for property damage other than to your vehicle.
4. Filed Judgment against uninsured person(s).
5. Order directing payment from the UCJF.
6. Assignment of Benefits to NJPLIGA.

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.