

NOTICE OF CLAIM INSTRUCTIONS

If you wish to make a claim against the Township of Monroe, please read the following information:

The Township of Monroe is protected from Tort actions by State Statute Title 59, and more specifically, Chapter 9, Paragraph 2e. Simply stated, Title 59: 9-2e means that, if you have insurance to cover "physical damage" to your property, the money you are entitled to receive under such policy of insurance shall be deducted from your claim against the State.

To expedite settlement of your claim, we ask that you settle your physical damage with your physical damage insurance carrier.

You may submit a claim for your deductible by forwarding a copy of your estimate and a copy of the declaration sheet showing the amount of your physical damage deductible to the address listed below.

If you do not have "physical damage" coverage and wish to submit a claim, please forward an estimate for the damage, a copy of the declaration sheet from your insurance policy, and complete the enclosed Tort claim form.

Since all claims which are filed against the Township of Monroe must be filed within 90 days of their occurrence, we suggest that your documentation be sent via certified mail. Although this is not required, it will insure that you have proof of receipt by this office.

NOTICE OF CLAIM FOR DAMAGES

Forward to: Aileen Chiselko, Municipal Clerk
Township of Monroe
125 Virginia Avenue
Williamstown, NJ 08094

**FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT
OR YOU MAY FORFEIT YOUR RIGHT**

1. Claimant:

Last Name, First, Middle

Date of Birth

Street Address

Social Security Number

City, State, Zip Code

Mailing Address, if different than Street Address

If notices and correspondence in connection with this claim are to be sent to a person other than the claimant, complete item # 2.

Name

Mailing Address

City, State, Zip Code

Relationship to Claimant: Attorney at Law () or _____
Explain Relationship

2. The occurrence or accident which gave rise to this claim: _____

(a.) Date _____ Time: _____

(b.) Describe the location or place of the accident or occurrence:

Municipality

Exact Location of Occurrence

(c.) Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form:

(d.) State the name and address of the public entity, or entities, that you claim caused your damage:

(e.) State the name of the employees whom you claim were at fault, including any information that will assist in identifying and locating them:

(f.) State in detail the negligence or wrongful acts of the public entity and public employees which caused your damages:

(g.) State the name and address of all witnesses to the accident or occurrence:

(h.) State the names of all police officers and police departments who investigated the accident:

[4.] If you claim loss of wages or income, as a result of the injury/occurrence, state:

_____ Name of Employer	_____ Address of Employer
_____ Your Occupation	_____ Date You Became Employed
_____ Rate of Pay	_____ Dates of Absence From Work
_____ Total Lost Wages To Date	_____ If Still Out, Expected Date Of Return To Work

Note: If your claimed loss of income arises from self-employment or other than wages, attach a calculation showing the basis of your calculation of lost income.

[5.] Set forth any and all other losses or damages claimed by you: _____

(b.) If you claim property damage:

[1.] Describe the property damage: _____

[2.] The present location and time when the property may be inspected: _____

[3.] Date property acquired: _____

[4.] Cost of property: _____

[5.] Value of property at time of accident/occurrence: _____

[6.] Description of damage: _____

[7.] Has the damage been repaired? _____ If so, by whom, when and cost of repairs:

[8.] Attach each estimate of repair costs to this form.

[9.] Set forth in detail, the loss claimed by you for property damage: _____

(c.) Set forth in detail, all other items of loss or damages claimed by you and the method by which you made the calculation: _____

(d.) The amount of the claim: _____

4. **Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?** _____ If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims:

5. **Are any of the losses or expenses claimed herein covered by any policy of insurance?** _____

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable: _____

6. **If this claim involves an automobile, please state:**

(a.) The name of the insurance company covering the automobile: _____

(b.) The name of your local agent: _____

(c.) Your policy number and dates of coverage (if other than automobile) _____

(d.) State the name of your homeowner's, rental, or property insurance company:

(e.) The name of your local insurance agent: _____

(f.) Your policy number: _____

7. If you have any other form or kind of liability insurance, please state:

(a.) The name or names of the insurance company: _____

(b.) Type of liability coverage: _____

(c.) The name of your local agent: _____

(d.) The policy number or numbers: _____

8. Have you received, or agreed to receive, any money from anyone for the damages claimed herein? _____ If so, set forth the details of such agreement:

9. The following items must be submitted with this notice:

(a.) Copies of itemized bills for each medical expense and other losses and expenses claimed.

(b.) Full copies of all appraisals and estimates of property damage claimed by you.

(c.) Copies of all written reports of all expert witnesses and treating physicians.

(d.) A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

10. Please specify, if known, whether the claim arises out of any of the following activities:

(a.) Any construction project: _____

(b.) Any demolition project: _____

(c.) Any road or bridge project: _____

(d.) Other: _____

11. State whether the incident has occurred on any sidewalk, street, or bridge located in:

12. If yes, please give exact location:

I hereby certify that the forgoing statements are made by me are true, that the attached statements, bills, reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made is willfully false, that I am subject to punishment provided by law.

Date: _____

Signature: _____