BOROUGH OF HOPEWELL
COUNTY OF MERCER, STATE OF NEW JERSEY

NOTICE OF CLAIM
TITLE 59

Forward to: Hopewell Borough Clerk
88 East Broad Street
Hopewell, NJ 08525

1. Claimant: _____
Last First Middle

_____
Street Address

_____
City State Zip Code

_____
Area Code/Telephone No.

_____
Additional Address

_____ _____
Date of Birth Social Security No.

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

2. _____ _____
Last First Middle Area Code/Telephone No.

_____ _____
Street Address Additional Address

_____ _____
City State Zip Code Relationship to Claimant

3. a) The occurrence or accident which gave rise to this claim:

_____ _____
Date Time

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

Municipality	Exact Location of the 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 municipality or agency that you claim caused your damage.

e) State the names of municipality's employees whom you claim were at fault, including any information that will assist in identifying them.

f) State in detail each and every negligent or wrongful act of the municipality and municipality's employees which caused your damage.

_____

_____

_____

_____

_____

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

_____

_____

_____

h) If vehicle accident, state the names, addresses, age and relationship to insured of all passengers in your vehicle.

_____

_____

_____

i) State the name of all police officers and police departments who investigated the accident.

_____

_____

_____

4. a) Claim for Damages (check appropriate item)

_____ Bodily Injury _____ Property Damage _____ Other - Explain

_____

_____

_____

b) 1) If you claim bodily injury, describe your injuries from this accident occurrence.

_____

_____

_____

2) Do you claim permanent disability resulting from this injury?

_____ Yes _____ No

3) For each hospital, doctor, or other practitioner rendering treatment, examination or diagnostic service, state:

Name of Hospital, Doctor or Other Facility	Address	Dates of Treatment /Service	Amount of Charges to Date	Amount Paid or Payable by Other Sources (Insurance)

4) If you claim loss of wages or income as a result of the injury, state:

Name of Employer	Address
Your Occupation	Date Employed at This Job
Rate of Pay	Dates of Absences from Work
Total Lost Wages to Date	If still out of work, expected date of return

Note

If your claimed loss of income arises from self-employment or other than wage, 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.

_____

_____

_____

c) If you claim property damage:

1) Describe the property damaged if vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.

_____

_____

_____

2) The present location and time when the property can be inspected.

_____

_____

_____

3) Date property acquired._____

4) Cost of the property._____

5) Value of property at time of accident._____

6) Description of damage.

_____

_____

7) Has the damage been repaired? _____ Yes _____ No

If yes, by whom, and cost of repairs.

_____

_____

_____

8) Attach each estimate of repair cost to this form.

9) Set forth in detail the loss claimed by you for property damage.

_____

_____

_____

d) Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculations.

_____

_____

_____

5. The amount of the claim._____

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

_____ Yes _____ No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

_____

_____

_____

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

_____ Yes _____ No

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

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

_____Yes _____ No

If so, set forth the details of such agreement.

_____

_____

_____

_____

The following items must be submitted with this notice:

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

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

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

4) A letter from your employer verifying your lost wages. if self-employed, a statement showing the calculations of your claim lost income.

I hereby certify that the foregoing statements 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 herein is willfully false or fraudulent, I am subject to punishment as provided by law.

Dated:_____

_____
Claimant or person filing on behalf of claimant

_____
Print name as signed above.

AUTHORIZATION FOR MEDICAL REPORTS AND RECORDS

TO WHOM IT MAY CONCERN:

I hereby authorize any and all doctors, hospitals or other medical service facilities to release to _____ Insurance Company or its representatives any and all records, reports and other information concerning the treatment of the claimant named herein. Photostatic copies of the authorization carry the same authority as the original.

Dated:_____ _____

Signature

This must be signed by the claimant or parents of the claimants who are minors.

_____

Print name as signed above.

AUTHORIZATION FOR INFORMATION ON EMPLOYMENT

TO WHOM IT MAY CONCERN:

I hereby authorize _____ to release any and all information concerning my employment, past or present, including rate of pay, duties performed, dates of absences and reasons therefor. Photostatic copies of this authorization carry the same authority as the original.

Date:_____ _____

Signature

_____

Print name as signed above.

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