THIS CLAIM FORM MUST BE FILED WITHIN NINETY (90) DAYS OF ACCIDENT OR OCCURRENCE OR YOU MAY FORFEIT YOUR RIGHTS (N.J.S.A. 59:8-1 ET SEQ.)

Forward to:

CITY CLERK
CITY OF ASBURY PARK
One Municipal Plaza
Asbury Park, NJ 07712

1. CLAIMANT:

Last Name, First, Middle	Date of Birth
Street Address	Mailing Address
City, State, Zip Code	Social Security Number
Marital Status	Number of Dependents
Home Phone Number	Work Phone Number

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

Last Name, First, Middle	Mailing Address City, State, Zip Code

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

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

_____ Date	_____ Time A.M. P.M.
Describe the location or place of the accident or occurrence. _____ Municipality	_____ Exact location of occurrence (indicate exact street address)

DESCRIPTION OF ACCIDENT

(a) Draw a diagram of the area of the incident. Label all intersecting streets. Indicate "North" by an arrow. Indicate house numbers where applicable. Mark "X" at exact spot of the occurrence and state the distance in feet from nearest intersecting streets if spot is not otherwise identifiable. Indicate public property.

(b) State the name and address of the Township, agency or agencies that you claim caused your damage/injury.

_____

_____

_____

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

_____

_____

_____

(d) State the negligence or wrongful acts of the Township, agency and employees which caused your damage.

_____

_____

_____

(e) State the name and address of all witnesses to the occurrence.

_____

_____

_____

(f) State the name and address of all police officers and police departments who investigated the incident.

_____

_____

_____

4. Claim for damages (check appropriate box):

( ) Personal Injury ( ) Property Damage

( ) Other

If Other, explain in detail:

_____

_____

_____

If you claim personal injury:

1. Describe your injuries resulting from this incident.

_____

_____

_____

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

_____

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

(a) Name and address of hospital and or doctor.

_____

_____

_____

(b) Date(s) of treatment.

_____

_____

(c) Amount of charges to date. _____

(d) Amount paid or payable by other sources such as insurance. _____

5. If you claim lost wages or income as a result of injury, state:

Name and address of employer:

_____

_____

Your occupation and date of employment at this job.

_____

Rate of Pay: _____ Date of absences from work: _____

Total Lost Wages to Date: _____

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

6. Set forth any and all losses claimed by you.

_____

_____

If you claim property damages:

(a) Describe the property damaged. _____

_____

(b) The location and time when property may be inspected. _____

_____

(c) Date property acquired. _____

(d) Cost of property. _____

(e) Value of property at time of accident. _____

(f) Description of damage. _____

_____

_____

(g) Attach each estimate of repair costs to this form.

(h) Set forth in detail the list claimed by you for property damage. _____

_____

_____

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

_____

_____

(j) State the amount of the Claim. _____

7. Have you made a claim against anyone (including insurance companies) for any of the losses or expenses claimed in this notice? _____

   If yes, set forth the names and addresses of all persons and insurance companies whom you have made such claim.

_____

_____

_____

_____

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

_____

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

_____

_____

_____

9. 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.

_____

_____

_____

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10. The following items must be submitted with this notice.

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

    (b) Full copies of appraisals and estimates for property damaged 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.

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, that I am subject to punishment provided by law.

Dated: _____

_____
Claimant or Person filing on
Behalf of Claimant