

Monmouth County
Board of County Commissioners
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County Administrator
Insurance Claims Office



Hall of Records
One East Main Street, Rm 223
Freehold, NJ 07728
Phone: 732-431-7159
Fax: 732-409-4820

Teri O'Connor, County Administrator
Christopher R. Marion, Deputy County Administrator

CLAIM FOR DAMAGES AGAINST: COUNTY OF MONMOUTH

**THIS CLAIM FORM MUST BE FILED WITHIN NINETY (90) DAYS OF
ACCIDENT OR OCCURENCE OR YOU MAY FORFEIT YOUR RIGHTS.
(N.J.S.A. 59:B-1, et seq)**

SECTION 1:

Claimant: _____
Last Name, First, Middle

Social Security #: _____

Address: _____

Date of Birth: _____

City State ZIP

Marital Status: _____

Number of Dependents: _____

Mailing Address:
(if different from above) _____

Home Phone #: _____

_____ Work Phone #: _____

SECTION 2:

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

Relationship to Claimant: Attorney-at-Law or Relationship: _____

Name: _____

Address: _____

Phone #: _____

City State ZIP

SECTION 3:

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

AM
 PM

Date

Time

3b. Describe the location or place of the accident or occurrence:

Municipality

Exact Location of Occurrence

3c. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of the form.

3d. State the name and address of the County Agency or Agencies that you claim caused your damage.

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

3e. State the negligence or wrongful acts of the County Agency and County employees which caused your damages.

3f. State the name and address of all witnesses to the accident or occurrence.

3g. State the names of all police officers and police departments who investigated the accident.

SECTION 4:

4a. Claim for Damages (check appropriate box)

- Personal Injury
- Property Damage
- Other - Explain in Detail _____

4b. If you claim personal Injury

1) Describe your injuries resulting from this accident or occurrence.

2) Do you claim permanent disability resulting from the injury? Yes No

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

Name & Address of hospital, doctor or other facility	Date of treatment or service	Amount of Charges to date	Amount paid or payable by other sources such as insurance

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

Name of Employer

Address of Employer

Occupation

Date of Hire

Rate of Pay

Date Absent from Work

Total loss Wages to Date

If still out, expected date of return

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.

4c. If you claim property damage

1) Describe the property damaged:

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

6) Description of damage:

7) Has the damage been repaired? Yes No

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.

4d. Set forth in detail all other items of loss or damage claimed by you and the method by which you made the calculation.

SECTION 5:

The amount of the claim \$ _____

SECTION 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 name and address of all persons or insurance companies against whom you have made such claims.

SECTION 7:

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

Yes No

For each such policy, please state the following:

Name & Address of Insurance Company	Policy Number	Benefits Paid or Payable

SECTION 8:

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

Yes No

If so, set forth the details of such agreement:

SECTION 9:

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 calculation of your claimed lost income.

CERTIFICATION

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, that I am subject to punishment provided by law.

Date

Claimant or person filing claim on his/her behalf

AUTHORIZATION

TO WHOM IT MAY CONCERN:

I hereby authorize any and all doctors, hospitals, or other medical service facilities to release to the County of Monmouth any and all records, reports and other information concerning the treatment of the claimant named herein.

Date

Signature

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