

New Jersey Property-Liability Insurance Guaranty Association

As Statutory Administrator For Unsatisfied Claim and Judgment Fund

TO: 222 Mt. Airy Road
Basking Ridge, New Jersey 07
Tel: 908-382-7100 Fax: 908-382

NOTICE OF INTENTION TO MAKE CLAIM

NOTICE OF INTENTION TO MAKE CLAIM FOR PAYMENT FROM NEW JERSEY PROPERTY-LIABILITY INSURANCE GUARANTY ASSOCIATION (NJPLIGA) MUST BE MADE WITHIN ONE HUNDRED AND EIGHTY (180) DAYS OF THE DATE OF THE ACCIDENT; OTHERWISE, THE RIGHT TO COLLECT FROM NJPLIGA WILL BE LOST. N.J.S.A. 39:6-65.

READ SECTION 4 BEFORE COMPLETING THIS FORM. ANSWER ALL QUESTIONS. INCOMPLETE FORMS MAY BE RETURNED. N.J.A.C. 11:3-26.2.

1 – CLAIMANT

CLAIMANT NAME _____
(PLEASE PRINT) LAST FIRST MI SOC. SEC. # DATE OF BIRTH

ADDRESS _____ COUNTY _____

MUNICIPALITY _____ STATE _____ ZIP CODE _____

Were you injured? ____ Yes ____ No If yes, describe injuries _____

If you were injured, a medical certificate must accompany this notice or must be filed as soon as possible. N.J.A.C. 11:3-26.1(a)(6). Did you sustain property damage other than to your vehicle? ____ Yes ____ No If yes, submit cost of repairs, if available \$ _____ N.J.A.C. 11:3-26.1(a)(7).

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 (OR) ☐ PASSENGER IN VEHICLE NO. _____ (OR) ☐ DRIVER
(See below for vehicle number)

Vehicle No 1 – License Place No.	Vehicle No 2 – License Place 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.
Agency	Agency

3 – WITNESSES TO ACCIDENT

(First Name) (Last Name) Address (Street) (City) (State)

(First Name) (Last Name) Address (Street) (City) (State)

IMPORTANT - QUESTIONS ON REVERSE SIDE MUST BE ANSWERED AND FORM SIGNED.

4 – YOU CANNOT COLLECT FROM THE FUND 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. Claimant's injuries or death are covered by workers' compensation. N.J.S.A. 39:6-70.
1. You are the spouse, parent or child of the judgment debtor (person against whom claim is made). N.J.S.A. 39:6-70.
1. 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.
2. You were the owner or registrant of an uninsured vehicle. N.J.S.A. 39:6-70.
1. The judgment debtor was insured at the time of the accident and the insurance company is liable to pay part or all of any judgment. N.J.S.A. 39:6-70.
2. The claim is covered by uninsured motorist coverage, collision insurance, extended fire or other insurance. N.J.S.A. 17:28-1.1.
1. The damage to your vehicle or property is covered by an insurance policy. N.J.S.A. 39:6-70.
2. Your claim is for property damage of \$500.00 or less. N.J.S.A. 39:6-73.
3. The claim is for property damage caused by a hit and run motor vehicle. N.J.S.A. 39:6-78.
1. You were operating a motor vehicle in violation of an order of suspension or revocation. N.J.S.A. 39:6-70.
2. The accident occurred out of state. N.J.S.A. 36:6-65.

5 – QUESTIONS

1. Is the claim payable under an uninsured motorist endorsement? Yes _____ No _____
N.J.S.A. 17:28-1.1. (See check list, Section 6 below, before answering)
2. Were you covered by workers' compensation for injuries received? Yes _____ No _____
N.J.S.A. 39:6-70.
3. Were you the spouse, parent or child of the uninsured motorist against whom the claim was made? Yes _____ No _____
N.J.S.A. 39:6-70.
4. Were you the owner or registrant of an uninsured motor vehicle? Yes _____ No _____
N.J.S.A. 39:6-70.
5. Were you operating or riding in a motor vehicle without the permission of the owner? Yes _____ No _____
N.J.S.A. 39:6-70.
6. Were you operating a motor vehicle in violation of an order of suspension or revocation of your license? Yes _____ No _____
N.J.S.A. 39:6-70.
7. Are your medical bills payable under any medical payment plan? (Blue Cross, HMO, private, etc.) Yes _____ No _____
N.J.S.A. 39:6-86.2.

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 _____ Date _____

CLAIMANT

Signature _____ I.D. No. or S.S. No. _____

PERSONAL REPRESENTATIVE

6 – CHECK LIST

Please attach the following (where applicable) to this Notice of Intention.

1. A copy of the police report.
2. A certification by a physician of the injuries sustained, treatment provided and prognosis thus far.
3. Estimates of a repairman or an itemized repair bill for property damage other than to your vehicle.
1. Such information as is known by you as to liability insurance in effect with respect to the motor vehicles involved in the accident.
2. Have you checked as to the availability of uninsured motorist coverage? The liability insurance policy of the motor vehicles involved must provide uninsured motorist coverage to all persons in an insured vehicle. Uninsured motorist coverage is also available to the named insured and members of his household when he or she is a pedestrian or passenger in another vehicle.

7 – LITIGATION

IF YOU HAVE COMMENCED A LAWSUIT, ATTACH A COPY OF THE COMPLAINT. IF YOU COMMENCE A SUIT AFTER FILING THIS NOTICE, YOU MUST NOTIFY NJPLIGA WITHIN 15 DAYS BY FORWARDING A COPY OF YOUR COMPLAINT. N.J.S.A. 39:6-65.

If you are a driver involved in an accident resulting in injury to or death of any one person or damage to property in excess of five hundred dollars (\$500), you must report this accident to the Security Responsibility Accident Reporting Section, Division of Motor Vehicles, N.J.S.A. 39:4-130.