Notice of Claim Instructions

If you wish to make a claim against the State of New Jersey, please read the following information:

The State of New Jersey 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 State of New Jersey 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.

Please allow a minimum of 90 days for a reply to your claim submittals.

Mail your response to:

Dept. of Treasury
Bureau of Risk Management
P.O. Box 620
Trenton, NJ 08625
Attn.: Tort Claims Unit

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE STATE OF NEW JERSEY

FORWARD TO: TORT AND CONTRACT UNIT
DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGMT.
PO BOX 620
TRENTON, NEW JERSEY 08625
PHONE: (609) 292-4347

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

1. CLAIMANT:

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ MAILING ADDRESS IF OTHER THAN ADDRESS _____

Telephone _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

NAME _____ MAILING ADDRESS _____

ADDRESS _____ TELEPHONE _____

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW ☐ **OR** _____ EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT :

DATE _____ **TIME** _____ EXACT LOCATION OF THE OCCURRENCE _____

4. DESCRIBE THE ACCIDENT OR OCCURENCE.

5. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ABOVE ACCIDENT OR OCCURRENCE.

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY OR AGENCIES AND EACH STATE EMPLOYEE WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

7. STATE THE NAME AND ADDRESS OFALLOTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

8. BRIEFLY DESCRIBE THE INJURIES, DAMAGES AND LOSSES INCURRED BY YOU.

9. THE AMOUNT OF THE CLAIM. _____

GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. 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 ON BEHALF OF CLAIMANT