


## Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

### Subrogation Claim against 3rd Party for Damage to State Assets



State of New Jersey,  
Department of the Treasury - Division of Risk Management

CLAIM FORM FOR STATE DEPARTMENTS AND AGENCIES

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**State Department and Agency Information:**

**Note:** For reference see "Organizational Code" link, which lists the code under the corresponding department or agency.

**Organizational Code**

State Department or Agency  
Treasury

State Agency Organizational Code  
2051 Risk Management

State Agency Division  
0/255

State Institution, Facility or University  
0/255

**State Agency Representative:**

Last Name  
Bernardo

First Name  
Francis

Job Title  
intern

Office Phone No.  
8/80  
(123) 456-7891

Cell No.  
7/40  
(123) 456-7891

Email  
6/255  
test@treas.nj.gov

Confirm Email  
test@treas.nj.gov

Generic Agency Shared Email

Confirm Generic Agency Shared Email

[ADD ALTERNATE STATE AGENCY CONTACT](#)

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**Note: The organizational codes highlighted in green will direct you to a page where they are listed by department, helping you find the code you need to use.**

## Yellow Highlighted Fields = Required Fields

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### Claim & Incident Categories

State Department and Agency Information

**Claim & Incident Categories**  
(Select which type of claim to file)

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

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WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

General Notice to State Departments and Agencies

This Claim Form is to be used by State departments and agencies seeking payment, reimbursement, and/or recovery for damages they suffered. State agency representatives should read the relevant notices and fields for each of the three (3) claim categories listed below, and select only one category per claim form. If the accident or incident requires using more than one claim category, a separate claim form must be submitted for each.

After reviewing and familiarizing yourself with the three (3) types of claim categories listed below, please read the section that follows captioned “**Cases where State agencies may file separate claims from different incident categories for the same date of accident, and location, State vehicle, or responsible/liable party**”.

Claim & Incident Categories

**Note:** State agency representatives **must file their claims** via this platform **immediately after the incident**, even though they may not have all supporting documentation, when the **incident** and claim **involves the following**:

1. The potential **responsible or liable party** that contributed to and/or caused the damage in question **is a public or governmental entity or an employee of a** Local, County, Federal government, or another State.
2. Failure to file a prompt claim may adversely affect the State of New Jersey by forfeiting any and all rights to recovery.

> ☐

**Claim for Damage to State Property** - This claim category applies to damage to State-owned property or facilities that State agencies own, occupy or lease from others, as well as damage to other critical assets. However, this category **does not apply** to damage to State Highway Systems or State Vehicles. For Damage to State Highway systems and roadways, see Subrogation Claim category below.

> ☐

**Comprehensive Claim for Damage to State Vehicles and Motorized Equipment** - This claim category applies to non-collision damage to State Government-Owned Vehicles, which includes State agency leased and rental vehicles.

> ☒

**Subrogation Claim Against 3rd Party for Damage to State Assets** -This claim category applies to State agencies that suffer damage to any State property, building or asset, due to the negligent and/or intentional acts of third parties (individuals, companies and government-public entities).

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### Subrogation Claim Against 3rd Party for Damage to State Assets

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Subrogation Claim Against 3rd Party for Damage to State Assets

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

Insurance

Damages

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WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

Claim for Damage to State Property - This claim category applies to damage to State-owned property or facilities that State agencies own, occupy or lease from others, as well as damage to other critical assets.. However, this category **does not apply** to damage to State Highway Systems or State Vehicles. For Damage to State Highway systems and roadways, see Subrogation Claim category below.

Comprehensive Claim for Damage to State Vehicles and Motorized Equipment - This claim category applies to non-collision damage to State Government-Owned Vehicles, which includes State agency leased and rental vehicles.

Subrogation Claim Against 3rd Party for Damage to State Assets -This claim category applies to State agencies that suffer damage to any State property, building or asset, due to the negligent and/or intentional acts of third parties (individuals, companies and government-public entities).

Subrogation Claim Against 3rd Party for Damage to State Assets

This claim category applies to State agencies that suffer damage to any State property, building or asset, due to the negligent and/or intentional acts of third parties (individuals, companies and government-public entities)

Type of Subrogation Claim Action

Please check all that apply

☐ Damage to Computer Software or Systems

☐ Damage to State-owned or Leased facility or building structure

☐ Damage to State Highway/Roadway System

☐ Damage to State Agency Office Contents or Equipment

☒ Damage to State-owned vehicle or motorized equipment (includes State Agency leased and rental Vehicles)

☐ Other (Please specify)

Procedural Notice for Subrogation Claim Against 3rd Party for Damage to State Assets

This form must be used by all State departments and agencies that suffer damage due to the negligent and/or intentional acts of third parties. State Agencies must submit this claim form as soon as conveniently possible. The Division of Risk Management will pursue and file civil claims against individuals, companies, businesses, or public governmental entities that cause damage to State property. Please do not file this subrogation claim form if any of the circumstances listed below are present. If your claim involves one of the scenarios described below, then your agency should file the form entitled "Claim for Damage to State Property" found on our website.

- Damage to State Property (building/office contents, etc.) where there is no indication that a third party caused or contributed to the damages in question. ( Please File a Claim for Damages to State Property).
- Damage to State Property (building/office contents, etc.) caused by the actions or inactions of a State employee, officer, resident, or inmate of a State department, agency, facility, or prison. (Please File a Claim for Damages to State Property).

**Cases where State agencies may file separate claims from different incident categories for the same date of accident, and location, State vehicle, or responsible/liable party:**

- The State agency may file **two (2) separate claims**, one for **Comprehensive** and a second one for **Subrogation**, when the **non-collision (comprehensive) damage** to the State vehicle was clearly caused by an identified third person (non-state employee), and/or a third party entity.
- The State agency may file **two (2) separate claims**, one for **Damage to State Property** and a second one for **Subrogation** when damage to the State property (non-state vehicle) was clearly caused by an identified third person (non-state employee), and/or a third party entity.
- The State agency may file **two (2) separate claims**, one for **Comprehensive Claim for Damages to State Vehicles**, and a second one for **Damage to State Property** when State vehicles parked at the building location, and the building-facility or its contents suffer damage due to an event (flood, wind, fire, etc.)

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### State Property and Vehicle Equipment Information Section

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Subrogation Claim Against 3rd Party for Damage to State Assets

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

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WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

How many State Government-owned vehicles (State Leased/Rental) are you claiming  
1

State Vehicle #1

REMOVE STATE VEHICLE

CLEAR DATA

Is this State Vehicle a Rental or is it Leased?  
No

State Vehicle Information:

License Plate Number  
MP3255

Corresponding SG Plate  
SG1234

6/255

Make of Vehicle  
Lincoln

8/255

Model  
Town car

8/255

Year  
2015

4/255

☐ Leased Vehicle

☐ Rental Vehicle

State Employee assigned to the vehicle:

First Name  
Robert

Last Name  
Plant

6/40

5/80

Name of party operating or using State Vehicle at the time of the incident:

First Name

Last Name

Email

Phone No

0/40

0/80

ADD STATE VEHICLE

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### Incident Details and Location

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Subrogation Claim Against 3rd Party for Damage to State Assets

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

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WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

Incident Details and Location

Date of Incident, Loss or Discovery:  
12/03/2024

Time  
01:00 PM

Location of Incident:

Street Address

Municipality  
Trenton

State  
New Jersey

County  
Mercer

Zip Code  
08608

Common Name of Facility (Justice Complex, State House, etc.)

Name of business or facility

Route/Highway/Road  
295

Milepost  
12.4

Cross Street

Lane Direction  
S

Description of Incident

was at a complete stop in traffic when a car hit the back of my vehicle

State Vehicle MP3255

Type of Collision (Please Select all that Apply)

☐ Other Vehicle failed to obey traffic signal

☐ State vehicle failed to obey traffic signal

☐ State vehicle backed up into other vehicle

☐ Other vehicle backed up into State vehicle

☐ Other Vehicle made a left turn in front of State Vehicle

☐ State vehicle made a left turn in front of other vehicle

☐ State vehicle rear ended other vehicle

☒ Other Vehicle rear ended State vehicle

☐ Other type of collision

Incident Type (Please Select all that Apply)

☐ Fallen Snow/Ice- Weather Damage

☐ Fire

☐ Flood- Weather Damage

☒ Parked State Vehicle

☐ Stolen Vehicle (Not Recovered)

☐ Stolen Vehicle (Recovered)

☐ Unoccupied State Vehicle

☐ Vandalism

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Please enter all required information and click Next again

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### Police/Investigative Agency Information



State of New Jersey,  
Department of the Treasury - Division of Risk Management

CLAIM FORM FOR STATE DEPARTMENTS AND AGENCIES

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Comprehensive Claim for Damage to State Vehicles and Motorized Equipment

State Property and Vehicle-Equipment Information

Incident Details and Location

**Police/Investigative Agency Information**

Responsible/Liable Party

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WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

Police/Investigative Agency Information

Type of Police or Investigative Agency Report Filed

☒ Police

☐ Fire

☐ OSHA

☐ Unknown/TBD

☐ None

☐ Other investigative agency report filed

Police or Investigative Agency Report #1

REMOVE POLICE OR INVESTIGATIVE AGENCY REPORT

CLEAR DATA

Select Type of Police or Investigative Agency Report Filed (if any)

☐ Internal State Institution Incident or Investigation Report

☒ Police Department Report

☐ Fire Department Report

☐ OSHA Report

☐ Other (Specify)

Name of Responding Police, Fire Department or Investigative Agency, etc.

Trenton Police

14/255

☐ N/A

Case Number for Police, Fire Department, or Investigative Agency, etc.

12345

5/255

☐ N/A

Were criminal charges or summonses (tickets) issued or filed against anyone?

ADD POLICE OR INVESTIGATIVE AGENCY REPORT

General comments on Police/Investigative agency information

0/255

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### Responsible/Liable Party Section

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Subrogation Claim Against 3rd Party for Damage to State Assets

State Property and Vehicle-Equipment Information

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**Responsible/Liable Party**

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WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

**Responsible/Liable Party**

Did an individual, other than a State employee or resident of a State facility contribute to or cause the damage or incident in question?

Yes

Is the potential responsible/liable individual, entity or business that caused the damage, affiliated with or is an actual governmental agency, a public entity and/or Board of Education?

No

**Responsible/Liable Party #1**

REMOVE RESPONSIBLE/LIABLE PARTY

CLEAR DATA

Name of company or entity

0/255

Last name

Hope

4/80

First name

Bob

3/40

D.O.B.

4/80

Driver License No

0/255

State Issued

0/255

Address

0/255

City

0/40

State

Zip

0/20

Phone No

Email

bobhope@gmail.com.com

Confirm Email

bobhope@gmail.com.com

Describe the actions or inactions of the "Responsible/Liable" party that reportedly contributed to or caused the damage in question

Bob Hope did not see my vehicle was stopped and hit the back of the vehicle.

76/255

ADD RESPONSIBLE/LIABLE PARTY

Was the State Vehicle parked or garaged in a private facility, other than the State driver's private residence?

No

Was the State Vehicle parked or garaged on Government Property, other than State-owned property?

No

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Please enter all required information and click Next again

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### Insurance Section

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Subrogation Claim Against 3rd Party for Damage to State Assets

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Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

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WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

Insurance Information for Responsible/Liable Party #1

Insurance Information #1

REMOVE INSURANCE INFORMATION

CLEAR DATA

Insurance Company

Progressive

11/255

Policy #

123456

6/255

Claim #

987654

6/255

Mailing Address

0/255

City

0/40

State

Zip Code

0/20

Phone No

Fax No

Insurance Claim Adjuster

First Name

0/40

Last Name

0/80

Insurance Rep. Email

Joe@Progressive.com.com

Confirm Email

Joe@Progressive.com.com

ADD INSURANCE INFORMATION

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Please enter all required information and click Next again

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### Damages Section

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Subrogation Claim Against 3rd Party for Damage to State Assets

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

Insurance

**Damages**

Document Upload

Preview

Signature

WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

**Note:** You may enter new damage, estimate and costs associated with this claim periodically during the life of the claim by using the "Login" feature on our website, entering your "Username"-- email and Password you entered to begin this claim process, and clicking on "Claim Amendment".

**Damaged Automobiles/Motorized Equipment Estimate for Repair and/or Replacement Costs**

**Note to State Agency Filer:** Please select either "Overall Estimate" or "Itemize" from drop down below, based on the information readily available to you at the time of filing. Please note that if you select "Itemize", the system will automatically calculate and populate the "Overall Estimate" fields.

Overall Estimate or Itemize

Overall Estimate

Overall estimate:

Repair Estimate:

Preliminary

\$6,500

Final

Replace Estimate:

Preliminary

Final

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**Signature Section**

Claimant Information

Power of Attorney

Minor/Disabled Claimant(s) Information

Dead/Deceased Claimant(s) Information

Contact Information

Claim & Incident Categories

Property Damage

Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)

Accident due to State Highway Maintenance or Construction (Pothole, etc.)

Incident Details & Location

State Agency Information

Police/Investigative Agency Information

Insurance

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Document Upload

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WITHDRAW CLAIM

Claimant Smith John

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 AS PROVIDED BY LAW.

Please click on "Save" to activate the "Submit" button.

Date: 6/20/2024 IP: 52.61.135.34 Smith John

CLEAR

SAVE

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SUBMIT