

UNION COUNTY IMPROVEMENT AUTHORITY

1499 US Highway One, North, 3rd Floor, Rahway, New Jersey, 07065
(732) 382-9400 phone (732) 382-5862 fax

NOTICE OF CLAIM Pursuant to N.J.S.A. 59:8-6

Forward To: Lisa M. da Silva, RMC, Authority Clerk
Union County Improvement Authority
1499 US Highway One, North, Rahway NJ 07065

1. Claimant:

_____	_____	_____	_____	_____
Last	Middle	First	(Area Code)	Telephone Number
_____			_____	
Street Address			Mailing Address, if different	
_____	_____	_____	_____	
City	State	Zip Code	Date of Birth/Social Security Number	

If Notice and correspondence in connection with this claim are to be sent to a person other than claimant, complete No. 2.

2. _____

Name	_____	_____	_____
	(Area Code)	Telephone Number	
_____		_____	
Mailing Address	City	State	Zip

a. Relationship to claimant: Spouse [] or _____
Explain Relationship

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

_____	_____
Date	Time

b. The municipality and location or place of the accident or occurrence:

_____	_____
Municipality	Exact Location/Place of Incident

c. Describe how the accident or occurrence happened (if a diagram will assist your explanation, please use the reverse side of this form):

d. State the name and address of the Municipality or Agency that you claim caused you damage:

e. State in detail each and every negligent or wrongful act of the Municipality and municipal employees who caused your damages:

f. State the names and addresses of all witnesses to the accident or occurrence:

g. If a vehicle accident, state the name, addresses, ages and relationships to insured of all passengers in your vehicle:

h. State the names of all police officers and police departments who investigated the accident:

4. a. Claim for damages (check correct space): Bodily Injury Property Damage
 Other (Explain) _____

b. If you claim Bodily Injury:

(1) Describe your injuries resulting from this accident or occurrence:

(2) Do you claim permanent disability resulting from this injury?

Yes No If Yes, describe the injuries believed to be permanent.

(3) State the amount of medical bills incurred to date: _____

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

Name of Employer

Address of Employer

Your Occupation

Date Employed at Job

Rate of Pay

Days of Absence from Work

Total Lost Wages to Date

Expected Return Date (if applicable)

(5) Set forth any and all other losses or damages claimed by you:

NOTE:

If your claimed loss of income arises from self-employment or other than wages, attach a calculation showing basis of your calculation of lost income.

c. If you claim Property Damage:

(1) Describe the property damaged (if vehicle, include make, model, year, color, vehicle Identification number, license plate number and state, and parts of vehicle damaged):

(2) The present location and time when the property may be inspected:

(3) Date property acquired: _____

(4) Cost of the Property: \$ _____

(5) Value of the property at time of accident: \$ _____

(6) Description of damage: _____

(7) Has damage been repaired? _____ 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:

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

5. The amount of the claim: \$ _____

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this Notice of Claim?
[] Yes [] No

7. Are any of the losses or expenses claimed herein covered by any policy of insurance? [] Yes [] No

8. Have you received or agreed to receive any money from anyone for damages claimed herein: [] Yes [] No

If yes, set forth the details of such agreement: _____

9. The following items must be submitted with the Notice of Claim:
- a. Full copies of all appraisals and estimates of property damage claimed by you.
 - b. Copies of all written reports of all expert witnesses.
 - c. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.
 - d. Signed authorization for release of employment records.

I hereby certify that the foregoing statements made by me are true, and that the attached 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, I am subject to punishment provided by law.

Date: _____

Claimant or person filing claim on
behalf of claimant)

**AUTHORIZATION FOR RELEASE
OF EMPLOYMENT RECORDS**

TO: _____

Date: _____

RE:

Employee's Name

Address

Social Security Number

Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

Name:

Address

City, State, Zip

all information relating to my employment, including, but not limited to, my job title, assigned duties, compensation, attendance, and sick leave and to permit him or her to inspect and make copies or abstracts thereof.

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Signature

Date