

**Notice of Claim Instructions-Short Form  
(Property Damage Only)**

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, N.J.S.A. 59:1-1, et Seq., 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 the handling 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 of repair and a copy of your 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 two estimates and a copy of the declaration sheet on your insurance policy, and complete the enclosed Tort claim form. Moreover, if the damage has been repaired, you may submit a copy of the receipt of repair.

Please indicate if you have one or both of the following supplemental plans:

Auto Club: Submit information regarding motor or auto club insurance for towing and labor benefits, if available.

Tire Warranty: Advise if there was a tire warranty reimbursement for road defects available.

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 ensure that you have proof of receipt by this office.

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

Please mail your submittals to:

**Department of the Treasury  
Division of Risk Management  
P.O. Box 620  
Trenton, NJ 08625-0620  
Attn: Tort Claims Unit**

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

**FORWARD TO: DEPARTMENT OF THE TREASURY  
DIVISION OF RISK MANAGEMENT  
20 WEST STATE STREET, PO BOX 620  
TRENTON, NEW JERSEY 08625-0620  
PHONE: (609) 292-4347**

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

**1.** \_\_\_\_\_  
**NAME OF CLAIMANT** (MR. OR MRS.) CIRCLE ONE **STREET ADDRESS**

\_\_\_\_\_  
**DATE OF BIRTH** **CITY** **STATE** **ZIP CODE**

\_\_\_\_\_  
**DAYTIME PHONE NUMBER** **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 OF PERSON** **STREET ADDRESS**

\_\_\_\_\_  
**TELEPHONE NUMBER** **CITY** **STATE** **ZIP CODE**

**RELATIONSHIP TO CLAIMANT:**  **ATTORNEY**  **OTHER** \_\_\_\_\_  
(SPECIFY)

**3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT:**

\_\_\_\_\_  
**DATE AND TIME** **LOCATION (MILEPOST, NEAREST EXIT, CROSS STREET)**

\_\_\_\_\_  
**STATE VEHICLE DRIVER'S NAME** **CITY** **STATE**

\_\_\_\_\_  
**STATE PLATE # AND VEHICLE DESCRIPTION**

**4. DESCRIBE THE ACCIDENT OR OCCURRENCE: IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, USE A SEPARATE SHEET AND ATTACH IT TO THIS FORM.**

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

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

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

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

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**9. GIVE THE AMOUNT THAT YOU CLAIM IN DAMAGES: \$ \_\_\_\_\_**

**GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:**

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**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**