UNION COUNTY UTILITIES AUTHORITY

1499 US Highway One, North, 3rd Floor, Rahway, New Jersey, 07065
(732) 382-9400 phone info@ucua.org

NOTICE OF CLAIM

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

Forward To: Executive Director
Union County Utilities 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

_____
Social Security Number

_____
Address

_____
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