

October 31, 2016

Mr. NAME  
ADDRESS  
CITY, NJ 07ZIP

Re: Our Client: Public Entity Name  
Date of Incident: 12/11/16

Dear Mr. Claimant Name:

We are the insurance broker for Public Entity's Name. As a Public Entity, they are protected by "Title 59," also known as Tort Claims Act, which limits liability for Public Entities. According to Title 59, the loss must be reported to your insurance company first. If the Public Entity is found to be 100% liable for the damages, they will only be responsible for the deductible amount that is not paid by your insurance company.

**IN ORDER TO FILE A CLAIM AGAINST A PUBLIC ENTITY YOU MUST RETURN:**

1. A completed copy of the attached Notice of Claim/Title 59 Form;
2. Copy of the Declarations Page of your policy;
3. A copy of any estimate or bills for your damages; and
4. A copy of the insurance company check.

If you do not have coverage on your insurance policy that applies to this incident, please forward all of the above information requested except for the last item # 4.

**THIS INFORMATION MUST BE RETURNED DIRECTLY TO THE PUBLIC ENTITY WITHIN 90 DAYS FROM DATE OF LOSS TO THE FOLLOWING ADDRESS:**

Public Entity name  
Address  
City, NJ 07ZIP

If you have any questions, you may call this office toll-free at 877-886-9004.

Sincerely,

Claim Advocacy Group  
Willis of New Jersey, Inc.  
P.O. Box 5002  
Short Hills, NJ 07078-5002

**NOTICE OF CLAIM – TITLE 59 FORM**

Claimant

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Phone Number

If notices and correspondences in connection with this claim are to be sent to a person other than the claimant, complete below.

\_\_\_\_\_  
Name and Mailing Address

\_\_\_\_\_  
Relationship to this claimant

The occurrence which gave rise to this accident:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Describe the location or place of the accident or occurrence:

\_\_\_\_\_

Describe your accident facts. If you need further space, please utilize the reverse side of this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the name and address of the Public Entity or Agency that you claim caused your damage:

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State the names of Public Entity employees whom you claim were at fault, including the department they are employed with.

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State in detail each and every negligent or wrongful act of the Public Entity employees which caused your damage or injury.

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State the name and address of all witnesses to this accident.

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

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Please indicate if this is a claim for Property damage ( ) Bodily injury ( ) Other ( )

Explain \_\_\_\_\_

If you claim bodily injury:

Describe your injuries resulting from this accident or occurrence:

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Do you claim permanent disability resulting from this injury? \_\_\_\_\_

If Yes, describe the injuries believed to be permanent: \_\_\_\_\_

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State the name, address, dates of treatment, type of treatment and amount of charges given by any hospital, doctor or other practitioner rendering medical care or diagnostic services.

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State the amount paid or payable by other collateral sources such as health insurance and attach all medical reports and bills incurred to date.

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If you claim loss of income as a result of the injury, state name and address of your employer, your occupation, rate of pay, dates of absence from work and what amount was paid by your employer. Attach loss income verification from your employer.

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If your loss of income arises from self-employment, attach a calculation indicating the basis of your loss of income along with your last complete year of income tax records.

Set forth any and all other losses or damages claimed by you.

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If you claim property damage:

Describe the property damaged

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The present location and time when the property can be inspected:

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Date Property acquired \_\_\_\_\_

Cost of Property \_\_\_\_\_

Value of Property \_\_\_\_\_

Description of damage \_\_\_\_\_

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Has the damage been repaired \_\_\_\_\_ If so, by whom, when and the cost of replacement (attach receipts) \_\_\_\_\_

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

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Attach all available receipts which verify the cost of items claimed.

The total amount of your claim \_\_\_\_\_

Have you made claim against anyone else for any of the losses or expense claimed in this notice. \_\_\_\_\_



If yes, set forth the names and addresses of all persons and insurance companies against whom you have made such a claim.

\_\_\_\_\_  
\_\_\_\_\_

State the amount paid by these sources \_\_\_\_\_

Copies of all appraisals and estimates of property damage should be attached with this notice.

I hereby certify that the foregoing statements made by me are true and that I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment provided by law.

Dated: \_\_\_\_\_

Signed by \_\_\_\_\_

#### AUTHORIZATION

I/We, the undersigned, authorize any and all doctors, hospitals, or other medical service provider to release all records, reports and other pertinent information concerning the treatment of the claimant stated herein. I/We further authorize the release of all employment information for any claim made for a loss of income.

This authorization is valid for the duration of this claim and photocopy of this form is as valid as the original.

Full  
Name \_\_\_\_\_