Notice of Claim Instructions

If you wish to make a claim against New Jersey Educational Facilities Authority, please read the

following information:

The New Jersey Educational Facilities Authority (the "Authority") is protected from Tort actions by State Statute Title 59, 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 Authority.

To expedite settlement 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 and a copy of the 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 an estimate for the damage, a copy of the declaration sheet from your insurance policy, and

complete the enclosed Tort claim form.

Since all claims which are filed against the Authority 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.

Mail your response to:

New Jersey Educational Facilities Authority

103 College Road East

Princeton, New Jersey 08540

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY

FORWARD TO: New Jersey Educational Facilities Authority

103 College Road East

Princeton, New Jersey 08540 PHONE: (609) 987-0880

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

1. CLAIMANT:			
LAST NAME	FIRST		MIDDLE
ADDRESS		MAILING A	ADDRESS IF OTHER THAN ADDRESS
TELEPHONE	DATE O	F BIRTH	SOCIAL SECURITY NUMBER
2. IF NOTICES AND COR A PERSON OTHER THAN			WITH THIS CLAIM ARE TO BE SENT TO
LAST NAME	FIRST		MIDDLE
ADDRESS		MAILING A	ADDRESS IF OTHR THAN ADDRESS
TELEPHONE			
RELATIONSHIP TO CLAIN	ANT: ATTORNEY AT	LAW[] OF	
			EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT:		
DATE	TIME	
EXACT LOCATION OF THE O	CCURRENCE	
4. DESCRIBE THE ACCIDENT	OR OCCURRENCE.	
5. STATE THE NAME AND AD OCCURRENCE.	DDRESS OF ALL WITNESSES TO THE ABOVE ACCIDENT OR	
	DDRESSES OF EACH STATE AGENCY OR AGENCIES AND EACH NEW TIES AUTHORITY EMPLOYEE WHOM YOU CLAIM CAUSED YOUR	

7. STATE THE NAME AND ADDRESS OF ALL OTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.		
O DDIEGLY DECORDE THE INJULY	DIEC DAMAGES AND LOSSES INCURDED BY VOL	
8. BRIEFLY DESCRIBE THE INJUI	RIES, DAMAGES AND LOSSES INCURRED BY YOU.	
9. THE AMOUNT OF THE CLAIM	1	
GIVE THE BASIS FOR THE CALCU	JLATION OF THE ABOVE DAMAGES:	
	REGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE DE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM VIDED BY LAW.	
THAT IF ANY STATEMENTS MAD	DE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM	
THAT IF ANY STATEMENTS MAD	DE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM	