

SOMERSET COUNTY JOINT INSURANCE FUND

INTERNAL INCIDENT REPORT

☐ General Liability

☐ Auto Liability

☐ Property

DATE OF REPORT: _____

☐ 0001 - COUNTY OF SOMERSET

☐ 0002 - SOMERSET COUNTY PARK COMMISSION

☐ 0003 - SOMERSET COUNTY VOC. & TECH. SCHOOLS

☐ 0004 - RARITAN VALLEY COMMUNITY COLLEGE

☐ 0005 - SOMERSET COUNTY LIBRARY COMMISSION

☐ 0006 - TOWNSHIP OF BRANCHBURG

☐ 0007 - TOWNSHIP OF GREEN BROOK

☐ 0008 - TOWNSHIP OF RARITAN

☐ 0009 - TOWNSHIP OF BRIDGEWATER

☐ 0010 - TOWNSHIP OF CLINTON

☐ 0011 - TOWNSHIP OF DELAWARE

☐ 0012 - BOROUGH OF SOUTH PLAINFIELD

DEPARTMENT: _____

DATE OF INCIDENT: _____

NAME OF EMPLOYEE(S) INVOLVED IN INCIDENT:

(Please print)

LOCATION OF INCIDENT: _____

DESCRIPTION OF INCIDENT/DAMAGE (If necessary, attach second page/narrative):

If known or applicable, CLAIMANT (other party) INFORMATION-NAME, ADDRESS, CONTACT, ETC.:

WITNESS: _____

VEHICLE INVOLVED: _____
(If Applicable) (Year) (Make) (Model) (Vin No.)

SUPERVISOR'S NAME: _____
(Please print)

SUPERVISOR'S EMAIL & PHONE: _____

SIGNATURE & TITLE OF PARTY COMPLETING FORM:

(Please sign and print)

PLEASE SIGN THE ABOVE AND FORWARD **PROMPTLY** TO BEGIN CLAIM PROCESS.

c/o New Jersey Risk Managers & Consultants, PO Box 367, Somerville, NJ 08876

Email: claims@njrm.com Phone: (908) 231-8770 Fax: (908) 231-8769