

SOMERSET COUNTY JOINT INSURANCE FUND

INCIDENT REPORT

MEMBER:

REPORTED BY: _____ DATE OF REPORT: _____
TITLE: _____ DEPARTMENT: _____
EMAIL/PHONE#: _____

INCIDENT TYPE: _____ DATE OF INCIDENT: _____

IF AUTO, IDENTIFY DRIVER AND VEHICLE INVOLVED:

DRIVER/EMPLOYEE: _____
YEAR: _____ MAKE: _____
MODEL: _____ VIN#: _____

LOCATION OF LOSS: _____
CITY: _____ STATE: _____
SPECIFIC AREA OF LOCATION (if applicable): _____

INCIDENT DESCRIPTION: _____

NAME/ROLE/CONTACT INFO OF OTHER PARTIES INVOLVED

1. _____
2. _____
3. _____

WITNESSES

1. _____

POLICE REPORT FILED: _____ TOWN: _____
REPORTING OFFICER: _____ PHONE#: _____

Submit via email to newloss@highlandclaims.com. If you wish to include additional documents, please attach to email.

NEW JERSEY RISK MANAGERS
750 US Hwy. 202, Suite 210, Bridgewater, NJ 908-231-8770