

**CHAPTER 88**  
**CLAIMS**

**Authority**

N.J.S.A. 27:25-5(e) and 59:8-4 and 59:8-6.

**Source and Effective Date**

R.2000 d.112, effective March 20, 2000.  
See: 31 N.J.R. 4227(a), 32 N.J.R. 1040(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 88, Claims, expires on March 20, 2005.

**CHAPTER TABLE OF CONTENTS**

**SUBCHAPTER 1. DEFINITIONS**

16:88-1.1 Definitions

**SUBCHAPTER 2. GENERAL PROVISIONS**

16:88-2.1 Purpose

**SUBCHAPTER 3. CLAIM FOR DAMAGES AGAINST NJ TRANSIT**

16:88-3.1 Complaint contents

16:88-3.2 Claim form for damages against NJ TRANSIT

**APPENDIX A**

---

**SUBCHAPTER 1. DEFINITIONS**

**16:88-1.1 Definitions**

The following words and terms, as used in this chapter shall have the following meanings:

“Executive Director” means the Executive Director of NJ TRANSIT or his or her designee.

“NJ TRANSIT” means the New Jersey Transit Corporation and its operating divisions, NJ TRANSIT Bus Operations, Inc., NJ TRANSIT Rail Operations, Inc. and NJ TRANSIT Mercer, Inc.

**SUBCHAPTER 2. GENERAL PROVISIONS**

**16:88-2.1 Purpose**

(a) These rules are adopted by NJ TRANSIT in accordance with the requirements of N.J.S.A. 59:8-1 et seq.

(b) The purpose of these rules is to establish the procedure for filing, and the form specifying the information that must be contained in, any claim filed against NJ TRANSIT or its employees under N.J.S.A. 59:8-1 et seq.

---

**SUBCHAPTER 3. CLAIM FOR DAMAGES AGAINST NJ TRANSIT**

**16:88-3.1 Complaint contents**

(a) A complaint submitted pursuant to this subchapter and N.J.S.A. 59:8-1 et seq. shall be submitted in or on the form set forth at N.J.A.C. 16:88-3.2, or a form containing the information contained at N.J.A.C. 16:88-3.2.

(b) Failure to submit the information requested in N.J.A.C. 16:88 Appendix A, to the address set forth at N.J.A.C. 16:88-3.2(b), shall subject a claim to bar under N.J.S.A. 59:8-8.

**16:88-3.2 Claim form for damages against NJ TRANSIT**

(a) Appendix A to this chapter, incorporated herein by reference, contains the form that must be utilized for the submission of claims for damages against NJ TRANSIT.

(b) Upon completion, the claim form should be sent to:

Claims Department  
New Jersey Transit Corporation  
One Penn Plaza East  
Newark, NJ 07105

APPENDIX A

CLAIM FOR DAMAGES AGAINST NJ TRANSIT

Claim No. \_\_\_\_\_ Unit \_\_\_\_\_

Forward to: Claims Department  
NJ TRANSIT Corp.  
One Penn Plaza East  
Newark, New Jersey 07105-2246

1. Claimant:

_____			_____
Last Name,	First	Middle	Date of Birth
Married [ ] Single [ ]			_____
			Spouse's Name
Street Address			Mailing address if other than street address
_____			_____
City	State	Zip	Social Security Number

If notices and correspondence in connection with this claim are to be sent to a person other than claimant, complete question #2.

2. \_\_\_\_\_

Names	Mailing Address
Relationship to claimant: _____	_____
	City State Zip

The occurrence or accident which gave rise to this claim occurred on:

3a. \_\_\_\_\_

Date	Time		
Bus # /Train #	Bus Line /Rail Line	Bus Direction	/Train Direction

b. Describe the location or place of the accident or occurrence:

City	State	Exact location of the occurrence
_____	_____	_____

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(s) of NJ TRANSIT employee(s) whom you claim were at fault, including any information that will assist in identifying and locating them.

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

e. State the negligence or wrongful acts of the NJ TRANSIT employee(s) which caused your damages.

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

f. State the name and address of all witnesses to the accident or occurrence.

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

g. State the names of all police officers and police departments who investigated the accident and provide a copy of the police report.

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

4a. Claim for Damages (check appropriate box)

Personal Injury                       Property Damage

Other—Explain in detail \_\_\_\_\_

b. If you claim personal injury:

(1) Describe your injuries resulting from the accident or occurrence

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

(2) Do you claim disability resulting from this injury:

Yes                       No

If yes, describe the injuries believed to be permanent.

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

(3) For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic services, state:

\_\_\_\_\_

Name of Hospital, doctors or other facility	Address	Dates of treatment or service	Amount of charges to date	Amount paid or payable by other sources such as insurance

(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 you became employed
Rate of pay	Date of absence from work
Total lost wages to date	If still out, expected date of return

NOTE: If your claimed loss of income arises from self-employment or other than wages, attach a calculation showing the basis of your calculation of lost income. If self-employed, a copy of your previous years income tax records must be submitted.

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

---



---



---

c. If you claim property damage:

(1) Describe the property damage

---



---



---

(2) The present location and time when the property may be inspected.

---



---

(3) Date property acquired \_\_\_\_\_

(4) Cost of property \$ \_\_\_\_\_

(5) Value of property at time of the accident \$ \_\_\_\_\_

(6) Description of damage \_\_\_\_\_

(7) Has the damage been repaired? \_\_\_\_\_

If so, by whom, when and costs of repairs \_\_\_\_\_

(8) Attach estimate of repair costs to this form. Two estimates required if damage exceeds \$750.00

(9) Attach photographs of damaged property.

(10) Set forth in detail the monetary 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 calculation.

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

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

6. Have you made a claim against anyone else for the losses or expenses claimed in this notice?

If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims.

\_\_\_\_\_

Do you collect benefits from any Municipal, State or Federal Agency? [ ] YES [ ] NO

If so, state what agency? \_\_\_\_\_

7. Are any of the losses or expenses claimed herein covered by any policy of insurance? \_\_\_\_\_

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

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

8. Have you received or agreed to receive any money from anyone for the damages claimed herein?

If so, set forth the details of such agreement. \_\_\_\_\_

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

9. The following items must be submitted with this notice:

- (1) Copies of itemized bills for each medical expense and other losses and expenses claim.
- (2) Full copies of all appraisals and estimates of property damages claimed by you.
- (3) Copies of all written reports of all expert witnesses and treating physicians.
- (4) A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

10. Prior Claims:

Have you ever made a claim before against NJ TRANSIT or anyone else?

[ ] YES [ ] NO

If so, list date of accident, location, parties involved, insurance carrier and claim number. \_\_\_\_\_

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

I hereby certify that the foregoing statements made by me are true; that the attached statements, bills, reports and documents are the only ones known to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, that I am subject to punishment provided by the law.

Date: \_\_\_\_\_

Claimant or persons filing  
claim on behalf of claimant

TO WHOM IT MAY CONCERN:

I hereby authorize any and all doctors, hospitals, medical facilities and employers to release to NJ TRANSIT any and all records, reports and other information concerning the treatment and employment of the claimant named herein. This authorization shall remain in effect until my claim against NJ TRANSIT has been resolved.

Date: \_\_\_\_\_

(Signature)

(This must be signed by claimant or the parents of claimants who are minors)