

CHAPTER 88

CLAIMS

Authority

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

Source and Effective Date

R.2005 d.229, effective June 15, 2005.
See: 37 N.J.R. 217(a), 37 N.J.R. 2680(a).

Chapter Expiration Date

Chapter 88, Claims, expires on June 15, 2010.

Chapter Historical Note

Chapter 88, Claims, was adopted as R.2000 d.112, effective March 20, 2000. See: 31 N.J.R. 4227(a), 32 N.J.R. 1040(a).

Chapter 88, Claims, was readopted as R.2005 d.229, effective June 15, 2005. See: Source and Effective Date. See, also, section annotations.

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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 subsidiaries, NJ TRANSIT Bus Operations, Inc., NJ TRANSIT Rail Operations, Inc. and NJ TRANSIT Mercer, Inc.

Amended by R.2005 d.229, effective July 18, 2005.

See: 37 N.J.R. 217(a), 37 N.J.R. 2680(a).

In “NJ TRANSIT” substituted “subsidiaries” for “divisions”.

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 tort claim against NJ TRANSIT or its employees under N.J.S.A. 59:8-1 et seq.

Amended by R.2005 d.229, effective July 18, 2005.

See: 37 N.J.R. 217(a), 37 N.J.R. 2680(a).

Inserted “tort” preceding “claim” and deleted “filed” following “claim”.

SUBCHAPTER 3. CLAIM FOR DAMAGES AGAINST NJ TRANSIT

16:88-3.1 Claim contents

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

(b) Failure to submit the information required by this chapter, 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.

Amended by R.2005 d.229, effective July 18, 2005.

See: 37 N.J.R. 217(a), 37 N.J.R. 2680(a).

Rewrote the section.

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 either:

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

or

Claims Department
Bus & Light Rail Division
New Jersey Transit Corporation
180 Boyden Avenue
Maplewood, NJ 07040

or

**Claims Department
Southern Division
NJ TRANSIT Corp.
350 Newton Avenue
Camden, NJ 08103**

**Amended by R.2005 d.229, effective July 18, 2005.
See: 37 N.J.R. 217(a), 37 N.J.R. 2680(a).
Rewrote (b).**

APPENDIX A

CLAIM FOR DAMAGES AGAINST NJ TRANSIT

Claim No. _____ Unit _____

Forward to: Claims Department

Rail Division
NJ TRANSIT Corp.
One Penn Plaza East
Newark, NJ 07105

Bus & Light Rail
Division
NJ TRANSIT Corp.
180 Boyden Avenue
Maplewood, NJ 07040

Southern Division
NJ TRANSIT Corp.
350 Newton Ave.
Camden, NJ 08103

1. Claimant:

Form for claimant information including fields for Last Name, First, Middle, Date of Birth, Married, Single, Street Address, Mailing Address, City, State, Zip Code, and 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.

Form for contact information including fields for Name, Relationship to claimant, Mailing Address, City, State, and Zip Code.

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

3a.

Form for accident details including fields for Date, Time, Weather, and Bus/Train Direction.

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

Form for location details including fields for City, State, and 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.

Blank lines for describing the accident or occurrence.

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.

Blank lines for naming NJ TRANSIT employees at fault.

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

Blank lines for describing negligence or wrongful acts.

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

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

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:

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

** You must sign the attached HIPAA Authorization Form for each hospital, doctor or medical provider listed above. (Make copies of the Authorization Form where necessary.)

(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 an explanation showing the basis of your calculations of lost income. If self-employed, a copy of your previous income tax records for years prior and after the occurrence 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?

Yes No

If so, by whom, when and the costs of repairs

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

(9) Attach photographs of the damaged property.

(10) Set forth in detail the monetary loss claimed by you for your 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 person(s) 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, what agency?

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

Yes No

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 losses and expenses 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 damage 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 the 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 statements made herein is willfully false or fraudulent, that I am subject to punishment provided by the law.

Date: _____

Claimant or person filing claim on behalf of claimant

(Claimant or the parents of claimants who are minors must sign this)

* * * If there is a claim for lost wages, you must sign the following:

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)

AUTHORIZATION

Release of Medical Information
Pursuant to the Health Care Insurance Portability and
Accountability Act of 1996 (HIPAA)

PATIENT'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

I authorize _____
to use and/or disclose a copy of the above named individual's health information as described below.

Information to be provided/released to: NJ TRANSIT or the Attorney General's Office of New Jersey.

Information to be released: Entire medical file and related information to include, but not limited to, all notes, reports, diagnostic test results, X-ray films, CT Scan films, MRI films, etc. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavior or mental health services, and treatment for alcohol and drug abuse.

Purpose: This information that I am authorizing release and disclosure will be used for a personal injury claim or litigation against NJ TRANSIT or a NJ TRANSIT employee.

Revocation: I understand that I may revoke this authorization in writing to the medical provider listed above, at any time, provided that I do so in writing, except to the extent that action has been taken in reliance upon this authorization. Unless revoked earlier, this authorization will expire at the end of three (3) years, or at the close of my claim or litigation against NJ TRANSIT or a NJ TRANSIT employee.

Disclosure is voluntary: I understand authorizing the use or disclosure of this information identified above is voluntary. I need not sign this form to ensure healthcare treatment. I also understand that once the above information is disclosed, it may be re-disclosed by the recipient during the defense of the pending claim or litigation, and the information may not be protected by the Federal privacy laws or regulations.

Signature of patient, or legal representative

Date:

If signed by Legal Representative, relationship to patient

Date:

Signature of witness

Date:

**Amended by R.2005 d.229, effective July 18, 2005.
Sec: 37 N.J.R. 217(a), 37 N.J.R. 2680(a).
Rewrote the section.**