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

Forv	ward to: Claims Dep NJ TRANS One Penn P Newark, Ne	IT Corp.		Claim No	Unit
1.	Claimant:				
	Last Name,	First	Middle		Date of Birth
	Married []	Single []		<u></u>	Spouse's Name
	Street Address				Mailing address if other than street address
	City	State	Zip		Social Security Number

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