

**INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST:**

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FORWARD TO: Qual-Lynx  
100 Decadon Drive  
Egg Harbor Township, NJ 08234

This form must be filed within 90 days of the accident or you may forfeit your rights.

1. \_\_\_\_\_  
Name of Claimant Street Address

\_\_\_\_\_  
Date of Birth City State Zip

\_\_\_\_\_  
Daytime Phone# & Contact Social Security Number

2. If it is requested that notices be sent to a person other than the claimant, such as your attorney, please send notices to:

\_\_\_\_\_  
Name of Person Mailing Address

\_\_\_\_\_  
Telephone Number City State Zip

Relationship of claimant: ( ) Attorney ( ) Other \_\_\_\_\_

3. Circumstances regarding the occurrence or accident:

\_\_\_\_\_  
Date and Time Location

\_\_\_\_\_  
City State Zip

4. Describe the accident or occurrence:

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

5. State the names and addresses of all witnesses to above occurrence:

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6. State the names and addresses of the public entity, or entities, that you claim caused your damage:

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7. State the names and addresses of all other persons, companies or governmental agencies whom you claim are responsible for your injuries or damages:

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8. Briefly describe the injury, damages and losses incurred by you:

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9. Give the amount that you claim in damages: \$ \_\_\_\_\_

Give the basis for calculation of the above damages:

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I certify that the foregoing statements made by me are true. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Claimant or Person Filing on Behalf of  
Claimant