



Claimant:
Claim Number:

I, _____, being of full legal age and being duly sworn according to law, upon my oath depose and say that:

1. On or about _____, I lived at _____
(Accident Date) _____

(Complete Address)

- 2. I was injured in an accident involving a private passenger automobile.
- 3. I did not own a motor vehicle on the date of this accident.
- 4. I am not entitled to New Jersey Automobile No-Fault benefits from any other auto policy.
- 5. I am, therefore, executing this affidavit in order to receive New Jersey No-Fault benefits under the NJ Skylands Insurance policy number _____ issued to _____.
- 6. My relationship to the above policyholder is: _____ (ie: Spouse, Parent, Friend, etc.)

7. My date of birth is: _____ Business Phone Number is: _____
Social Security Number is: _____ Cell Phone Number is: _____
Home Telephone Number is: _____ Drivers License Number is: _____

8. Please provide the following information for all members of your household (other than our policyholder). If no one else lives with you, indicate "none".

<u>Name (last,first)</u>	<u>Date of Birth</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. None of the listed household members owned a motor vehicle on the date of this accident.

Signature*: _____ Date: _____
Notary: _____ Date: _____

***Note: This form must be completed and notarized in order for coverage to be considered. The completion of this form does not guarantee that coverage will be afforded for this claim. We will conduct a thorough investigation to verify the information provided via this affidavit. If the applicant is a minor, please have the parent or guardian complete and sign this affidavit.**