NJAIRE REPORTABLE CLAIM DETERMINATION FORM
For accident years 1999 and subsequent for policies issued and renewed on or after 7/1/99

Claimant's Name _____ Claim Number _____ Territory _____

(DOL Prior to 2008)

1. Date of Closure (If claim is not yet closed, do not fill out form.) _____

2. A. Date of Accident (<u>If prior to 1/1/99, STOP</u> – this form does not apply.) _____

   B. Policy Effective Date (if prior to 7/1/99, STOP- this form does not apply.) _____

		YES	NO
3.	Is the accident state New Jersey? **(If "NO", check "NO" on line 11 and STOP.)**	☐	☐

4. Was the insured automobile a PRIVATE PASSENGER AUTOMOBILE as defined in the New Jersey No-Fault Bill?   YES ☐   NO ☐

   "Automobile" means a private passenger automobile of a private passenger or station wagon type that is owned or hired and is neither used as a public or livery conveyance for passengers nor rented to others with a driver; and a motor vehicle with a pickup body, a delivery sedan, a van, or a panel truck or a camper type vehicle used for recreational purposes owned by an individual or by a husband and wife who are residents of the same household, not customarily used in the occupation, profession or business of the insured other than farming or ranching.

   (If "NO", check "NO" on line 11 and STOP.)

   **Private passenger auto also includes a commercial vehicle that meets the definition of a private passenger auto as defined in the New Jersey No-fault Bill.

		YES	NO
5.	Did the **<u>insured</u>** choose the New Jersey verbal tort threshold? **(If "NO", check "NO" on line 11 and STOP.)**	☐	☐
6.	Is this an Uninsured Motorists (UM) or Underinsured Motorists (UIM) claim? **(If "YES", check "NO" on line 11 and STOP.)**	☐	☐
7.	Was the **<u>claimant</u>** a New Jersey resident at the time of the loss? **(If "NO", check "NO" on line 11 and STOP.)**	☐	☐
8.	Is the **<u>claimant</u>** a person who is required to maintain PIP insurance (i.e., does he own a private passenger auto registered in New Jersey), or is he eligible to collect PIP benefits as a result of the accident? **(If "NO", check "NO" on line 11 and STOP.)**	☐	☐
9.	Did the **<u>claimant</u>** choose the New Jersey zero tort threshold or did the zero tort threshold apply due to the default provided by law (i.e., for people not owning an automobile)? **(If "NO", check "NO" on line 11 and STOP.)**	☐	☐

10. Do any of the following characterize this injury?   YES ☐   NO ☐
    a. Death
    b. Dismemberment
    c. Significant disfigurement or significant scarring
    d. Displaced fractures
    e. Loss of a fetus
    f. Permanent injury within a reasonable degree of medical probability
       other than scarring or disfigurement

 *Consideration: Had the verbal threshold applied, would you have paid this claimant for noneconomic loss?
 (If the answer to #10 "YES", check "NO" on line 11 and STOP.)

11. Is this a REPORTABLE CLAIM?   YES ☐   NO ☐
    (If "NO" has not already been checked here, this is a REPORTABLE CLAIMANT.)

12. If the answer on line 11 is "YES", this is a REPORTABLE CLAIMANT. **Input settlement as follows**:

Total Settlement:	$_____
If Available <Economic Loss>:	$_____
Reportable Amount Paid (noneconomic):	$_____