

UNSATISFIED CLAIM AND JUDGMENT FUND

INSTRUCTION SHEET

UCJF FILE NUMBER: _____

_____ Enter appearance for _____

_____ OBTAIN PROOF OF SERVICE ON ALL NAMED DEFENDANTS.

_____ Proceed with immediate discovery. Serve SPECIAL UCJF ELIGIBILITY INTERROGATORIES.

_____ Schedule depositions and/or
IME if indicated.

_____ Obtain conformed copy of
cancellation notice.

_____ Move to dismiss improper defendants:

_____ Commissioner of Insurance

_____ Director of Motor Vehicles

_____ UCJF

_____ PIP not payable: _____ LATE NOTICE
_____ OUT OF STATE VEHICLE
_____ COMMERCIAL VEHICLE
_____ OTHER

_____ Claimant ineligible, not a resident of New Jersey.

_____ Determine if carrier notified Taxi Commission of cancellation of policy

_____ NOTICE OF INTENTION not sufficiently complete to qualify as a timely filing.

_____ File CIB. _____ Obtain Police Report

_____ Obtain Medical Reports

_____ Obtain signed statement of uninsured.

_____ Obtain settlement agreement.

_____ Contract witness(es)

_____ Contact claimant's employer for possible health insurance coverage and Temporary Disability Ben-
efits.

_____ Rule out vehicle ownership in household.

_____ Obtain the names, dates of birth and driver's license numbers of all household residents.

_____ Other: _____