



PO Box 923
Lincroft, NJ 07738

Underwritten by
Twin Lights Insurance Company

AFFIDAVIT OF NO INSURANCE

Claimant:

Claim Number:

Insured:

Date of Loss:

Policy Number:

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

1. On or about _____, I lived at:

Street Address: _____
Floor or Apartment: _____
City: _____
State: _____
Zip: _____

2. I was injured in an accident involving a private passenger automobile.

3. I was not the owner of an automobile, nor did any relative in my household own an automobile. I was not the holder of any Automobile Liability Insurance, nor was any relative in my household the holder of any Automobile Liability Insurance.

4. To the best of my knowledge, I am not otherwise entitled to New Jersey Automobile No-Fault benefits for this accident.

5. My date of birth is:

Social Security Number: _____
Driver's License Number: _____
Home Phone Number: _____
Business Phone Number: _____

6. List all members in the household. If no one lives with you indicate "NONE":

<u>Name (Last,First)</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form must be notarized by a duly authorized Notary Public and returned to this office prior to the application of benefit.

Signed: _____

For Notary Use Only

Subscribed and sworn to me this _____ Day of _____, _____

State of _____, country of _____

X

Notary Public Signature (Affix Seal)

My Commission Expires: _____ Year _____