



Affidavit of No Insurance

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

1. On or about _____, I lived at _____,
(Accident Date) (Street Address)
_____, _____, _____
(City) (State) (Zip Code)

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

3. Neither I nor any member of my household was an owner of an automobile.

4. I am not otherwise entitled to New Jersey Automobile No-Fault Benefits for this accident.

5. I am, therefore, executing this affidavit in order to receive New Jersey Automobile No-Fault benefits under the policy issued to:
Policy Holder's Name: _____

6. My Date of Birth is: _____
Social Security #: _____
Drivers License #: _____
Home Phone #: _____
Business Phone#: _____

Sworn and subscribed to before me this _____ Day of _____, 20____.

Notary Public-State of New Jersey. My Commission Expires _____, 20____.

Signed: _____

Translated by: _____
(Employee Name)