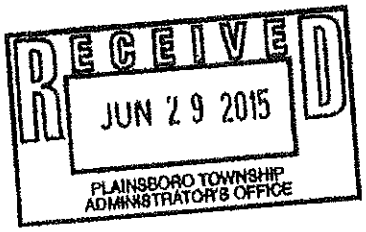
NOTICE OF CLAIM

THIS CLAIM FORM MUST BE FILED WITHIN NINETY (90) DAYS OF ACCIDENT/OCCURRENCE OR YOU MAY FORFEIT YOUR RIGHTS PURSUANT TO N.J.S.A. 59:1 ET SEQ.

FORWARD TO: Township of Plainsboro
Office of the Administrator
641 Plainsboro Road
Plainsboro, NJ 08536



1) CLAIMANT:

Zhao Suihua
Last First Middle

(609) 578-7225
(Area Code) Phone#

8608 Tamarron Dr
Street Address

Additional Address

Plainsboro, NJ 08536
City, State Zip Code

Oct 02, 1955 /
D/O/B SS#

2) IF NOTICE AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, PLEASE COMPLETE ITEM #2:

Last First Middle

(Area Code) Phone#

Street Address

Additional Address

City State Zip Code

D/O/B SS#

3)

A) THE OCCURRENCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM:

April 01, 2015
Date

15:34
Time

B) DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURRENCE:

Plainsboro, NJ
Municipality

8608 Tamarron Dr, Plainsboro, NJ
Exact Location

C) DESCRIBE HOW THE ACCIDENT OR OCCURRENCE HAPPENED. IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, PLEASE USE THE REVERSE SIDE OF THIS FORM:

On April 1, 2015, Officer Schroeck made a forced entry into my home to investigate a report of fire. No one was home at the time. No fire was found. My front door and door frame and lock was damaged and needed to be replaced.

See police report 15-03314 for more information.

D) STATE THE NAME ADDRESS OF THE MUNICIPALITY OR AGENCY THAT YOU CLAIM CAUSED YOUR DAMAGE:

Plainsboro Police Department
641 Plainsboro Rd
Plainsboro, NJ 08536

E) STATE THE NAMES OF MUNICIPALITY'S EMPLOYEES WHOM YOU CLAIM WERE AT FAULT, INCLUDING ANY INFORMATION THAT WILL ASSIST IN IDENTIFYING THEM:

Officer Kevin Schroeck, Cpl. Mandato
police report 15-03314

F) STATE IN DETAIL EACH AND EVERY NEGLIGENT OR WRONGFUL ACT OF THE MUNICIPALITY EMPLOYEES WHICH CAUSED YOUR DAMAGE:

Cpl. Mandato and Ofc. Schroeck did not see any smoke or fire when they arrived at the scene. Ofc Schroeck made forced entry into my condo based on my neighbor's report. But there are 8 other units in my condo building.
Cpl Mandato and officer Schroeck did not wait for the fire department to make an assessment.

G) STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ACCIDENT OR OCCURRENCE:

Jayanthi Prem-kumar, 8604 Tamarron Dr, Plainsboro, NJ 08536

H) IF VEHICLE ACCIDENT, STATE THE NAMES, ADDRESS, AGE AND RELATIONSHIP TO INSURED OF ALL PASSENGERS IN YOUR VEHICLE:

I) STATE THE NAMES OF ALL POLICE OFFICERS AND POLICE DEPARTMENTS WHO INVESTIGATED THE ACCIDENT:

Cpl. J Mandato, Plainsboro Police Department
officer K Schroeck, Plainsboro Police Department

4)

A) CLAIM FOR DAMAGES (check appropriate box):

☐ BODILY INJURY ☒ PROPERTY DAMAGE ☐ OTHER EXPLAIN

B)

1) IF YOU CLAIM INJURY, DESCRIBE YOUR INJURIES RESULTING FROM THIS ACCIDENT OR OCCURRENCE:

N/A

2) DO YOU CLAIM PERMANENT DISABILITY RESULTING FROM THIS INJURY?

□ YES □ NO

IF YES, DESCRIBE THE INJURIES BELIEVED TO BE PERMANENT.

N/A

3) FOR EACH HOSPITAL, DOCTOR, OR OTHER PRACTITIONER RENDERING TREATMENT, EXAMINATION OR DIAGNOSTIC SERVICE, STATE:

	NAME & ADDRESS OF HOSPITAL, DOCTOR, OR OTHER FACILITY	DATES OF TREATMENT	AMOUNT OF CHARGE TO DATE	AMOUNT PAID OR PAYABLE BY OTHER INSURANCE
A)	N/A			
B)				
C)				
D)				

4) IF YOU CLAIM LOSS OF WAGES OR INCOME AS A RESULT OF THE INJURY, STATE:

N/A
Name of Employer

Address

Your Occupation

Date Employed at this job

Rate of Pay

Dates of Absences from Work

NOTE: IF YOUR CLAIMED LOSS OF INCOME ARISES FROM SELF-EMPLOYMENT OR OTHER THAN WAGE, ATTACH A CALCULATION ON THE BASIS OF YOUR CALCULATION OF LOSS INCOME.

5) SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGES CLAIMED BY YOU:

N/A

C) IF YOU CLAIM PROPERTY DAMAGE:

1) DESCRIBE THE PROPERTY DAMAGED, IF VEHICLE, INCLUDE MAKE, MODEL, YEAR, COLOR, VEHICLE IDENTIFICATION NUMBER, LICENSE PLATE NUMBER, STATE, AND PARTS OF VEHICLE DAMAGED:

My front door, front door frame, interior frame and door lock were damaged. The door, interior frame and door locks needed to be replaced.

2) THE PRESENT LOCATION AND TIME THE PROPERTY CAN BE INSPECTED:

8608 Tamarron Dr. Plainsboro, NJ 08536
Please call (609) 578-7229 if you wish to inspect the property.

3) DATE PROPERTY WAS ACQUIRED:

Door was part of my condo, which was acquired on 1997.

4) COST OF PROPERTY:

N/A. Door was part of my condo.

5) VALUE OF PROPERTY AT THE TIME OF ACCIDENT:

N/A. Door was part of my condo.

6) DESCRIPTION OF DAMAGE:

Door, Door frame and lock was damaged.

7) HAS THE DAMAGE BEEN REPAIRED?

☒YES ☐NO

IF YES, BY WHOM, AND COST OF REPAIRS:

Caveman Contracting, LLC, replaced door, lock, frame $943.74

Paint and Supplies $32.88

8) ATTACH EACH ESTIMATE OF REPAIR COST TO THIS FORM.

9) SET FORTH IN DETAIL THE LOSS CLAIM BY YOU FOR PROPERTY DAMAGE:

The cost of repairs are $976.62. My insurance has a $500 deductible, and did not cover the cost of painting the interior. My claim is $382.88

D) SET FORTH IN DETAIL ALL OTHER ITEMS OF LOSS OR DAMAGES CLAIMED BY YOU AND THE METHOD BY WHICH YOU MADE THE CALCULATIONS:

5) THE AMOUNT OF THE CLAIM: $382.88 Three Hundred Eighty-Two and $\frac{88}{100}$ dollars

6) HAVE YOU MADE A CLAIM AGAINST ANYONE ELSE FOR ANY OF THE LOSSES OR EXPENSES CLAIMED IN THIS NOTICE?

□YES ☒NO

IF YES, SET FORTH THE NAMES AND ADDRESSES OF ALL PERSONS AND THE INSURANCE COMPANIES AGAINST WHO YOU HAVE MADE SUCH CLAIMS:

7) ARE ANY OF THE LOSSES OR EXPENSES CLAIMED HEREIN COVERED BY ANY POLICY OF INSURANCE?

☒YES □NO

FOR EACH SUCH POLICY, STATE THE NAME AND ADDRESS OF THE INSURANCE COMPANY, POLICY NUMBER AND BENEFITS PAID OR PAYABLE:

Liberty Mutual Insurance, 100 Liberty Way, Dover, NH 03820
Policy # H64-238-017249
Paid: $593.74

8) HAVE YOU RECEIVED OR AGREE TO RECEIVE ANY MONEY FROM ANYONE FOR DAMAGES CLAIMED HEREIN?

□YES ☒NO

IF YES, SET FORTH THE DETAILS OF SUCH AGREEMENT:

9) **THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE:**

1) COPIES OF ITEMIZED BILLS FOR EACH MEDICAL EXPENSE AND OTHER LOSSES AND EXPENSES CLAIMED.
2) FULL COPIES OF ALL APPRAISALS AND ESTIMATES OF PROPERTY DAMAGE CLAIMED BY YOU.
3) COPIES OF ALL WRITTEN REPORTS OF ALL EXPERT WITNESSES AND TREATING PHYSICIANS.
4) A LETTER FROM YOUR EMPLOYER VERIFYING YOUR LOST WAGES. IF SELF EMPLOYED A STATEMENT SHOWING CALCULATIONS OF YOUR LOST INCOME.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE, THAT THE ATTACHED STATEMENTS, BILLS, REPORTS AND DOCUMENTS ARE THE ONLY ONE KNOWN TO ME TO BE IN EXISTENCE AT THIS TIME. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, I AM SUBJECT TO PUNISHMENT AS PROVIDED BY LAW.

DATED: 6-28-2015

Claimant or person filing on behalf of claimant

Suihua ZHAO

Print name as signed above

HIPAA COMPLIANT AUTHORIZATION
TO DISCLOSE HEALTH INFORMATION

Please provide an authorization for *each* medical provider

Patient Name: _____

Address: _____

_____

SS#: _____

DOB: _____

I hereby authorize the below listed physician/medical provider/hospital to release **ANY AND ALL RECORDS IN THEIR POSSESSION PERTAINING TO ME,** included by not limited to, medical office, and/or treatment records; office notes, treatment examination and/or consultation reports, diagnostic test results, X-ray, MRI and CT Films and Reports from: **The Past (5) years.**

Provider Name and Address: _____

_____

_____

_____

This information may be disclosed to:

The Middlesex County Municipal Joint Insurance Fund Claims Department and/or its Representatives
1 Jocama Boulevard, Suite 2B
Old Bridge, New Jersey 08857

For the purpose of: **I am a claimant in a personal injury matter.**

I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing and addressed to the privacy office of the above named facility authorized to make this disclosure. I understand that the revocation does not apply to information that has already been released in response to this authorization. Unless otherwise revoked this authorization will expire on the following date: **6 months .**

I understand that any disclosure of information may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I understand that I need not sign this authorization to assure treatment. I understand that I may inspect and/or copy the information to be disclosed. I understand that authorizing this disclosure is voluntary. I understand that if I have any questions about disclosure of my health information, I may contact the privacy officer at the facility listed above that is authorized to disclose this information.

I understand that my health records may include information pertaining to treatment of drug and alcohol abuse, mental illness, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), sexually transmitted diseases, tuberculosis or genetics. **If you do not wish this information to be released please initial;**
Do not release_____.

_____ _____
Signature of Patient or Authorized Representative Date

_____ _____
Description of Representative's Authority Signature of Witness
(Witness signature required)

AUTHORIZATION FOR INFORMATION ON EMPLOYMENT

TO WHOM IT MAY CONCERN:

YOU ARE HEREBY AUTHORIZED TO DISCLOSE, MAKE AVAILABLE AND FURNISH TO THE MIDDLESEX COUNTY MUNICIPAL JOINT INSURANCE FUND CLAIMS DEPARTMENT OR ITS REPRESENTATIVES ANY AND ALL MEDICAL INFORMATION CONCERNING MY EMPLOYMENT, PAST OR PRESENT, INCLUDING RATE OF PAY, DUTIES TO BE PERFORMED, DATES OF ABSENCES AND REASONS THEREFORE.

A PHOTOCOPY OF THIS DOCUMENT WILL BE ACCEPTABLE AS AN ORIGINAL.

DATED: _____

_____
Signature

_____
Print name as signed above

PLAINSBORO TWP POLICE DEPARTMENT

Officer Report for Incident 15-03314

Nature: FIRE
Location: 2

Address: 8608 TAMARRON DR
PLAINSBORO NJ 08536

Offense Codes:
Received By: STEIMLE H **How Received:** 9 **Agency:** PTPD
Responding Officers: SCHROECK K, MANDATO J
Responsible Officer: SCHROECK K **Disposition:** ACT 04/01/15
When Reported: 15:39:51 04/01/15 **Occurred Between:** 15:34:41 04/01/15 and 15:39:16 04/01/15

Assigned To: **Detail:** **Date Assigned:** **/**/**
Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant: 20082
Last: PREM-KUMAR **First:** JAYANTHI **Mid:**
DOB: 05/14/66 **Dr Lic:** P7333391005566 1 **Address:** 8604 TAMARRON DRIVE
Race: I **Sex:** F **Phone:** (609)235-6100 **City:** PLAINSBORO, NJ 08536 4319

Offense Codes

Reported: **Observed:**

Circumstances

Responding Officers: **Unit :**
SCHROECK K 561
MANDATO J 544

Responsible Officer: SCHROECK K
Received By: STEIMLE H
How Received: 9 911 Line
When Reported: 15:39:51 04/01/15
Judicial Status:
Misc Entry:

Agency: PTPD
Last Radio Log: **:**:** **/**/**
Clearance: RPT Cleared - Report to Follow
Disposition: ACT **Date:** 04/01/15
Occurred between: 15:34:41 04/01/15
and: 15:39:16 04/01/15

Modus Operandi: **Description :** **Method :**

Involvements

Date	Type	Description	
04/01/15	Name	ZHAO, SUIHUA	Contact

Narrative

---------- (lwmain16584604012015)
On April 1, 2014 at 1537 hours, patrols, Station 49 and Plainsboro EMS were dispatched to Building 86 Tamarron Drive on the report of a structure fire.

Upon arrival, no smoke or fire was showing from the building but the resident of 8604 Tamarron Drive, Jayanthi Prem-Kumar, appeared frantic and reported that the fire was inside 8608 Tamarron Drive. I also observed people exiting the building as I was approaching. While in front of 8608 Tamarron Drive, I once again asked Prem-Kumar to confirm that it was the residence and she continued to point at it.

Cpl. Mandato was on scene and authorized a forced entry into the residence. I then forced the door in order to gain entry and conducted a cursory search of the residence which revealed that there was no one inside and no fire inside.

Further investigation revealed that the resident of 8607 Tamarron Drive, Henry Robinson, had a fire in his fireplace. The fire appeared to be under control and Station 49 cleared from the scene.

I met with the resident of 8608 Tamarron Drive, Suihua Zhao, and advised her of the situation. I provided her with a business card and advised her that the homeowner's association was en route regarding her door.

N.F.A.
~~---------- (lwmain16584604012015)~~

Name Involvements:

Contact : 10278
Last: ZHAO **First:** SUIHUA **Mid:**
DOB: 10/02/55 **Dr Lic:** Z3206726006055 1 **Address:** 8608 TAMARRON DR
Race: A **Sex:** F **Phone:** (609)897-1394 **City:** PLAINSBORO, NJ 08536

Caveman Contracting, LLC.
92 Bordentown/Chesterfield Rd.
Chesterfield, NJ 08515
609.291.1567
F: 609.291.1568
NJHIC#- 13VH05069400
cavemancontracting@comcast.net

Invoice

Date	Invoice #
4/27/2015	5815

Bill To

Suihua Zhao
8608 Tamarron Drive
Plainsboro, NJ 08810

Terms

Description	Amount
Removed broken interior trim. Removed existing door. Supplied and installed new Jeld-Wen exterior steel door with double bore and peep hole. Painted to match exterior. Installed new interior trim. Furnished and installed new Kwickset deadbolt and locking entry handle.	882.00

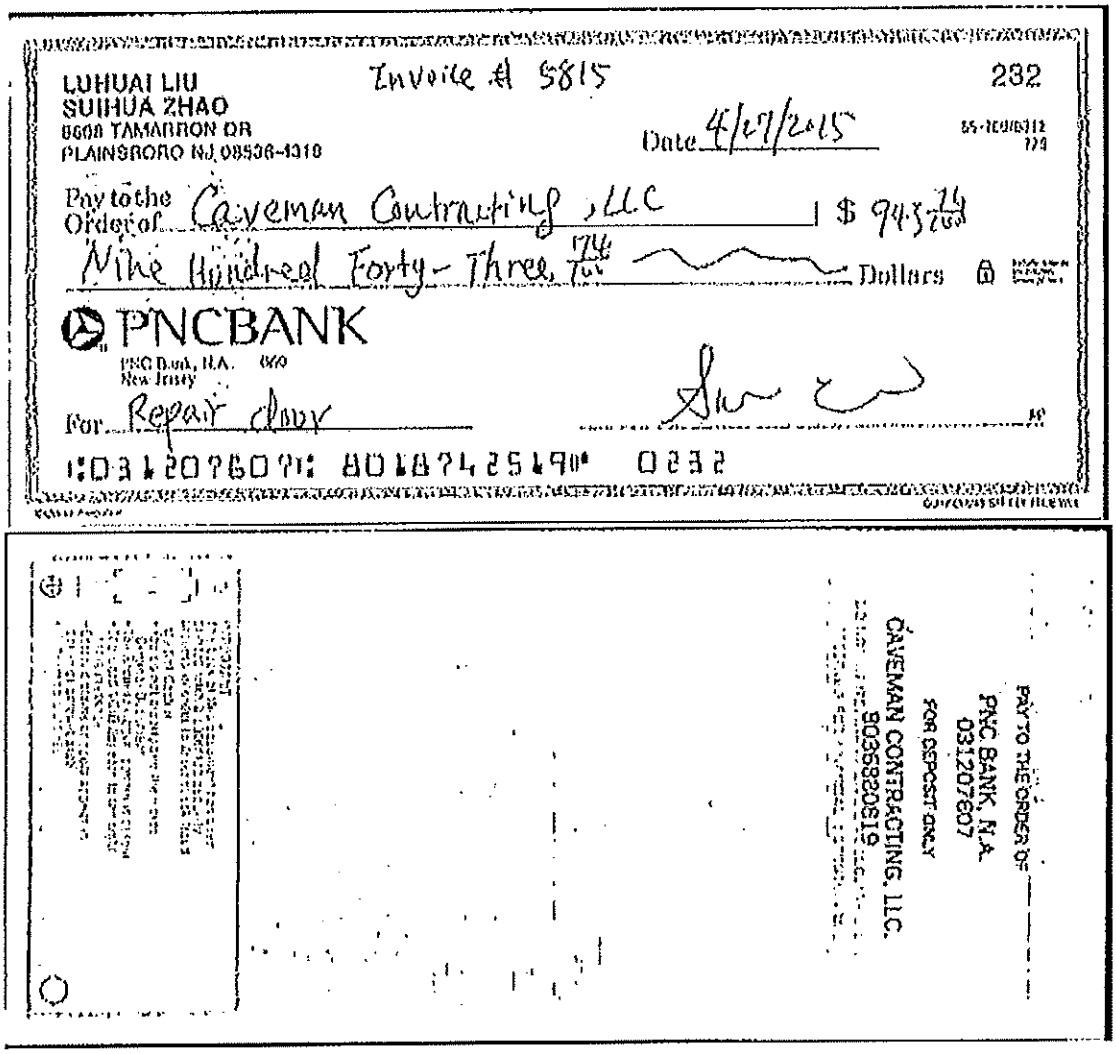
Thank you for your business.

Subtotal	$882.00
Sales Tax	$61.74
Total	$943.74
Balance Due	**$943.74**

PNC *Online Banking*

Date	Description	Amount	Account
05/01/2015	Check 232	$943.74	8018742519

This is an image of a check, substitute check, or deposit ticket. Refer to your posted transactions to verify the status of the item. For more information about image delivery click here or to speak with a representative call: 1-888-PNC-BANK (1-888-762-2265) Monday - Friday: 7 a.m. - 10 p.m. ET, Saturday & Sunday: 8 a.m. - 5 p.m. ET.



LOWE'S®
NEVER STOP IMPROVING

LOWE'S HOME CENTERS, LLC
50 LOWES WAY
LOWELL, MA 01851 (978) 677-5679

- SALE -

SALES#: S265/001 2051312 TRANS#: 23028072 05-30-15

356824 1/4 OZ OLV OIL INT S/G EN	27.97
253307 PROJECT SOURCE 2-IN BRUSH	2.98
SUBTOTAL:	30.95
TAX:	1.93
INVOICE 23098 TOTAL:	32.88
VISA:	32.88

VISA:XXXXXXXXXXXX6629 AMOUNT:32.88 AUTHCD:041496
SWIPED REF ID:028097265723 05/30/15 19:21:37

STORE: 2657 TERMINAL: 23 05/30/15 19:21:43
OF ITEMS PURCHASED: 2
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: JACKIE TIEDT

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%
SEE STORE FOR DETAILS.

YOUR OPINIONS COUNT!
REGISTER FOR A CHANCE TO WIN A
$5,000 LOWE'S GIFT CARD!
¡REGÍSTRESE PARA TENER LA OPORTUNIDAD DE GANAR UNA
TARJETA DE REGALO DE LOWE'S DE $5000!

REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY
WITHIN ONE WEEK AT: www.lowes.com/survey
Y O U R I D # 23098 2657 159

NO PURCHASE NECESSARY TO ENTER OR WIN
VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER.
OFFICIAL RULES & WINNERS AT: www.lowes.com/survey

STORE: 2657 TERMINAL: 23 05/30/15 19:21:43

Liberty Mutual. INSURANCE

Welcome **Suihua Zhao** · **Logout**

Home Claim #: 031806982

Print Screen

View another claim

CLAIM REPORTED EVALUATION ESTIMATION SETTLEMENT

The claim for your damages has been completed.

What You Can Do To Process Your Claim Faster:

Request that a team member contact you or please contact your representative if you have any questions related to this loss.

Upload Documents for your claim (photos, documents, etc.).

CLAIM INFORMATION

Claim Details

INCIDENT REPORT

Claim #:	031806982
Policy #:	H6U-238-017249-70
Incident Reported On:	April 01, 2015

Date/Time of the Incident:	April 01, 2015 at 12:00 AM
Location:	8608 TAMARRON DR PLAINSBORO, NJ 08536-4319
Type of Incident:	Fire
Description:	Other

YOUR PROPERTY

Your Property:	• Building and Dwelling

Your Property Coverage (at the time of loss)

BASE COVERAGES & LIMITS

Deductibles	Amount
General Deductible	$500.00

Coverage Type	Coverage
A - Your Dwelling	$20,200
C - Personal Property With Replacement Cost	$20,000
D - Loss Of Use Of Your Residence Premises	$8,000
E - Personal Liability (each occurrence)	$300,000
F - Medical Payments To Others (each person)	$1,000

ADDITIONAL COVERAGES

Description

Unit Owners Coverage A Special

Dwelling

Liability Increased Limits

Personal Property Replacement Cost

Workers Compensation

Estimate

Status:	Completed (on 04/03/2015 at 12:36 PM)
Estimator Information:	DAREN DILLON 1-866-788-5174 ext. 70550 Email DAREN

Please Note:

An estimate has been completed. Once it has been finalized by your claim representative it will appear in the document list for you to review.

Documents

Upload Claim Documents/Photos

Please allow time for all of your documents to display after uploading. To protect your privacy, some documents may not be accessible online.

DOCUMENTS (3 FILES)

DOCUMENT NAME	DESCRIPTION	DATE UPLOADED
UPDPROPEM02.htm	Status Update Email	04/04/2015

DOCUMENT NAME	DESCRIPTION	DATE UPLOADED
UPDPROPEM01.htm	Status Update Email	04/02/2015
ACKPROPEM01.htm	Claim Acknowledgement Email	04/01/2015

Payment Information

DATE ISSUED	PAID TO	AMOUNT	DESCRIPTION
04/03/2015	SUIHUA ZHAO & LUHUAI LIU 8608 TAMARRON DR PLAINSBORO, NJ 08536-4319	$593.74	Building and Dwelling coverage less $500.00 deductible.

Your Contact Info and Alerts

Below is your primary contact information for this claim. Updates to phone numbers and email addresses will not update your policy or eService profile.

CONTACT NAME

SUIHUA ZHAO

PHONE

Mobile (Primary)	609-578-7228	**Text Alerts:** Off	Edit
Home	609-897-1394	**Text Alerts:** Off	Edit Remove

Add a Phone Number

EMAIL

zhaosuihua@yahoo.com (Primary)	**Email Alerts:** On	Edit

Add an Email Address

* If you have trouble viewing any documents, please be sure you have Adobe® Reader® installed on your computer.

Your Claims Team

Have a team member contact you.

DAREN DILLON
Building & Dwelling Representative
Email

Liberty Mutual - Property
PO Box 1053
Montgomeryville, PA 18936-1053

Phone: 1-866-788-5174 x70550
Fax: 1-866-866-4899

STEVEN COLORUNDO
MANAGER
Email