Phillip Angell, et al. v. GEICO Advantage Insurance Company, et al.
Case No. 4:20-cv-00799 (S.D. Tex.)

CLAIM FORM

1. CLAIMANT INFORMATION

Name: _____

GEICO Policy Number: _____

OR

Total Loss Claim Number: _____

Date of Loss: _____

Address: _____

_____ _____ _____
City State Zip

2. AFFIRMATION (required): By signing below, I affirm that I am the person who made the insurance claim identified above or I am the legally authorized personal representative, guardian or trustee of the person who made the insurance claim identified above and that to the best of my knowledge, the information on this Claim form is true and correct.

Signature: _____ Dated: _____

Name (please print): _____

To be considered, this Claim Form must be mailed to the following address postmarked on or before July 10, 2024:

Texas Regulatory Fees Class Action Settlement
c/o JND Legal Administration
P.O. Box 91176
Seattle, WA 98111