McCoy v. GEICO Indemnity Company

Case No. 3:20-cv-05597-BRM (D.N.J.)

CLAIM FORM

1. CLAIMANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Claimant ID (*if available*): _____

Claim Number Associated with Your Total Loss (*if available*): _____

Policy Number (*if available*): _____

2. AFFIRMATION (required): By signing below, I certify 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: _____ Date: _____

Name (please print): _____

To be considered, this Claim Form must be mailed to the below address postmarked no later than January 3, 2025.

McCoy Class Action Settlement
c/o JND Legal Administration
P.O. Box 91088
Seattle, WA 98111

Questions? Visit www.NJTotalLossAutoSettlement.com or call toll-free at 1-877-753-7737
To view JND's privacy policy, please visit https://www.jndla.com/privacy-policy