

CLAIM FORM

Sanith v. State Farm Fire & Casualty Co Class Action Settlement

Name: _____

YOUR CLAIM INFORMATION

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Automobile Accident Date: _____

If you properly submit this Claim Form, you may receive a check representing a diminished value settlement payment. The check may be more, or less, depending on the application of the formula discussed in the Notice you received. To recover a share of the Settlement, you must answer, to the best of your knowledge, all four questions below. If you do not know the answer, circle "I don't know."

		<i>Circle one answer in each row below:</i>		
1.	Before the accident date listed above, had your vehicle been involved in any other accident or accidents <i>while you owned the vehicle</i> ?	Yes	No	I don't know
2.	Before you owned the vehicle, had it been involved in any other accident or accidents?	Yes	No	I don't know
3.	At the time of the accident, did you lease your vehicle (as opposed to owning it)?	Yes	No	I don't know
4.	Since the accident date listed above, have you filed for bankruptcy or been discharged from bankruptcy?	Yes	No	I don't know

I affirm, under oath, that the responses I have provided above are true and correct, to the best of my knowledge.

Date: _____ Signature: _____

Printed Name: _____

To be valid, this form must be postmarked or submitted online by **November 12, 2024**

Further instructions are on the back of this page

YOUR CONTACT INFORMATION

Please complete your contact information below. This will allow us to follow up and send to you your check if your Claim Form is valid.

Name: _____

Mailing address: _____

Email Address(es) _____

Phone Number(s): _____

Submit your form in the following manner:

Online: www.SanithSettlement.com

Mail:

Sanith v. State Farm Fire and Casualty Company
c/o JND Legal Administration
PO Box 91238
Seattle, WA 98111

Questions?

www.SanithSettlement.com

Or

Call:

1- 844-552-0038

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postmarked or submitted online
by **November 12, 2024**

If the addressee(s) of this Claim Form is/are unable to fill it out, and you have received it as you are their spouse, child, representative, person with durable power of attorney, heir, or responsible family member, please so note on the Form, and under your name please write in what capacity you are filling out the form (spouse, child, representative, person with durable power of attorney, heir, etc).