

Barbara Davis, et al v. National Automotive Insurance Company, et al
Docket No. 2004-1840, Div. B, Civil District Court, Orleans Parish, Louisiana

OFFICIAL CLAIM FORM

INSTRUCTIONS (Read and Follow Carefully):

- Your Claim Form(s) must be completed and mailed to the address listed below. It **must** be postmarked **no later** than December 1, 2007. **Late claims will not be paid.**
- If you are submitting a Claim Form for yourself, you must complete Form "A", you must sign and attach a photo ID, and you must mail your completed Form "A" to the address below, postmarked no later than December 1, 2007.
- If you are submitting a Claim Form for a minor or deceased person, you must complete Form "A" **and** Form "B" for that person, you must sign and attach your photo ID and the minor's birth certificate or the deceased person's death certificate, and mail both Forms to the address below, postmarked no later than December 1, 2007.
- Mail your Claim Form(s), and all required documents postmarked **no later** than Saturday, December 1, 2007 to:

Class Action Claims
Post Office Box 7730
Metairie, Louisiana 70010

- All Claim Forms must be completely filled out.
- All Claim Forms must be accompanied by a photocopy of your driver's license, or an official State ID card, military ID card, or student ID. For a minor, you must also attach a copy of his/her birth certificate. For a deceased person, you must also attach a copy of his/her death certificate.
- Before you mail your Claim Form(s), be sure that you have filled in **all** parts of the Form(s), that your Form(s) is/are signed, and that you have included a copy of **everything** you are supposed to include with your Form(s).
- Please print as neatly as possible, and use blue or black ink.
- **Do not wait until the last day to try to complete and mail your Claim Form(s) - if your Claim Form is late, you will not be paid.**

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OFFICIAL CLAIM FORM

FORM "A" (FOR ALL CLAIMS)

Print Full Name
of Claimant:

_____ FIRST MIDDLE (MAIDEN) LAST

Check here if the Claimant is a minor or is deceased:
(Note: If you check this box, you must also complete Form "B".)

Your Date of Birth: ____/____/____ Your Soc. Sec. #: ____ - ____ - ____

Your Present Mailing Address: _____
(House Number, Street Name, Apt. Number, or P.O. Box Number)

_____ City State Zip Code

Your Home Phone #: (____) ____ - ____ Your Work Phone#: (____) ____ - ____

Your Residence Address: _____
(If Different From Mailing Address) (House Number, Street Name, Apt. Number, or P.O. Box Number)

_____ City State Zip Code

Under penalty of perjury, I declare that all of the information in this Claim Form is true and correct.

Person Submitting Claim Signs Full Name Here Date ____/____/____

****Remember to attach a photocopy of your driver's license or official ID card.****

OFFICIAL CLAIM FORM
FORM "B" (FOR CLAIMS OF MINORS OR DECEASED PERSONS)

If You are submitting this Form for a minor or deceased person, you must complete Form "A" and Form "B", you must sign your name below, and fill in the rest of the information requested. Remember to attach copies of all required documents.

Print Your Full Name

_____-_____-_____
Your Social Security #

Print Full Name of Minor or Deceased Person Here

Date of Birth: ____/____/____ Soc. Sec. #: ____-____-____
(Minor or Deceased Person) (Minor or Deceased Person)

Date of Death for Deceased Person: ____/____/____

Mailing Address of Person Signing this Form

(House Number, Street Name, Apt. Number, or P.O. Box
Number)

Code City State Zip

Home Phone #: (____) ____-____ Work Phone #: (____) ____-____
(Of Person Signing this Form) (Of Person Signing this Form)

How are you related to the minor or deceased person for whom you are submitting this Claim Form:

Under penalty of perjury, I declare that all of the information in this Claim Form is true and correct, and that I am lawfully authorized to file this Claim Form for the minor or deceased claimant.

_____/_____/_____
Person Submitting Claim Signs Full Name Here Date

****Remember to attach a photocopy of your driver's license or official ID card.
For a minor, you must also attach a copy of the minor's birth certificate.
For a deceased person, you must also attach a copy of their death certificate.****