Malcom v. GEICO Indemnity Co

Case No. 5:2020-cv-00165-MTT (M.D.Ga.)

CLAIM FORM

Unique ID: _____

1. CLAIMANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Claim Number Associated with Your Total Loss: _____

Date of Loss: ___ ___ / ___ ___ / ___ ___ ___ ___

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

Signature: _____ Date: _____

Name (please print): _____