

CLAIM FORM

Your claim must be submitted online or mailed and postmarked by: December 4, 2020	AMICA Settlement PO Box 58781 Philadelphia, PA 19102-9911 Website: www.AMICA TotalLossSettlement.com	AMI
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To submit a claim, please: (1) provide your full name; (2) provide *either* your AMICA policy number or your claim number for your total loss claim; (3) provide your address; (4) sign and date this form; and (5) mail the completed form to the below address postmarked on or before December 4, 2020 to the following address:

AMICA Settlement Administrator
P.O. Box 58781
Philadelphia, PA 19102-9911

FIRST NAME

LAST NAME

AMICA POLICY NUMBER

OR

TOTAL LOSS CLAIM NUMBER

STREET ADDRESS (MAILING ADDRESS)

CITY

STATE

ZIP

By signing below, I submit this Claim Form.

Signature: _____ Dated _____

Name (please print): _____

To be considered, this Claim Form must be mailed to the above address postmarked on or before December 4, 2020.