

CLAIM FORM		
Your claim must be submitted online or mailed and postmarked by: June 17, 2020	MAPFRE Settlement PO Box 58791 Philadelphia, PA 19102 Website: www.MAPFRETotalLossSettlement.com	MPF

To submit a claim, please: (1) provide your full name; (2) provide *either* your MAPFRE 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 June 17, 2020 to the following address:

Suarez v. MAPFRE Settlement Claims Administrator
P.O. Box 58791
Philadelphia, PA 19102

OR

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 June 17, 2020.