

Jones Total Loss Settlement

If you suffered a total loss on a vehicle insured by a USAA company under a Nebraska auto policy, you may be entitled to a cash payment

CLAIM FORM

Name: _____ JND Unique ID: _____

Address: _____ Insurance Claim #: _____

_____ Date of Loss: _____

1. NAME AND ADDRESS OF CLASS MEMBER (if different from above)

Name: _____

Primary Address: _____

Primary Address continued: _____

City: _____ Barcode _____ State: _____ Zip Code: _____

2. AFFIRMATION (required): By signing below, I certify under penalty of perjury that I am the person who made the insurance claim identified above, or I am the Legally Authorized Representative of the person who made the insurance claim identified above; that, to the best of my knowledge, the information on this Claim Form is true and correct; and that, to the best of my knowledge, I believe that I (or the person who made the insurance claim above) was not paid in full for Sales Tax, Vehicle Regulatory Fees, or CRA Sales Tax.

Signature: _____ Dated _____

Name (please print): _____

I am [choose ONE]: The Class Member who made the above insurance claim.
 The Legally Authorized Representative of the Class Member.

NOTE: If you are the Legally Authorized Representative of the Class Member, you must also follow the instructions in Questions 10-11 of the Notice mailed on April 7, 2023. You can also get this information on the settlement website, www.JonesTotalLossSettlement.com, Frequently Asked Questions ## 10-11.

QUESTIONS? CALL 1-877-415-0640 TOLL-FREE, OR VISIT www.JonesTotalLossSettlement.com.
To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>