

Lewis, et al., v. Lytx, Inc., Case No. 3:22-cv-00046-NJR
In the United States District Court for the Southern District of Illinois

SETTLEMENT CLAIM FORM

There are two ways to submit this Claim Form to the Settlement Administrator: (1) online at the Settlement Website listed below, or (2) by U.S. mail at the address listed below.

ONLINE: www.lytxsettlement.com

BY MAIL: Lytx Settlement Administrator
PO Box 709
Baton Rouge, LA 70821

DEADLINE: If you submit your Claim Form by U.S. Mail, it must be postmarked by June 25, 2025. If you file a Claim Form online, you must do so by 11:59 p.m. CST on June 25, 2025.

PART ONE: CLAIMANT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

FIRST NAME[illegible]

MII

11

LAST NAME

[illegible]**STREET ADDRESS**[illegible]

CITY

[illegible]

STATE

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ZIP CODE

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COUNTRY

[illegible]**EMAIL ADDRESS**[illegible]**PHONE NUMBER**

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If you received Notice about the Settlement by mail or email, please provide the Unique ID located on the Notice you received to assist the Settlement Administrator in validating your claim. Please be sure to include the full Unique ID, including all letters and/or numbers that appear.

Unique ID

[illegible]

If you are not currently an Illinois resident, did you reside in Illinois between October 12, 2016, and January 1, 2025, while operating a vehicle equipped with a Lytx DriveCam event recorder used to predict distracted driving behaviors?

1

No (Continue to Part Two.)

7

Yes (Provide the address at which you resided below.)

STREET ADDRESS[illegible]

CITY

[illegible]

STATE

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ZIP CODE

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QUESTIONS? VISIT WWW.LYTXSETTLEMENT.COM
OR CALL 1-844-789-9500 TOLL-FREE.

Please select one of the following payment options:

Email address or phone number associated with your selected account:

[illegible]

PART THREE: CERTIFICATION

I certify the following:

-
-
-

- | |
|--|
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|--|

DATE _____

$$\begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

MM DD YYYYY

Please keep a copy of your Claim Form for your records.