

**CLAIM FORM**

***Phelps v. Toyotetsu North America, Inc., Case No. 6:22-cv-00106***  
**United States District Court, Eastern District of Kentucky**

**SUBMIT BY AUGUST 23, 2023**

ONLINE AT [WWW.TOYOTETSUDATASETTLEMENT.COM](http://WWW.TOYOTETSUDATASETTLEMENT.COM)  
OR MAIL TO:

Phelps v. Toyotetsu North America  
c/o Atticus Administration  
PO Box 64053  
St. Paul, MN 55164  
Email: [ToyotetsuDataSettlement@atticusadmin.com](mailto:ToyotetsuDataSettlement@atticusadmin.com)

**GENERAL CLAIM FORM INFORMATION**

This Claim Form should be filled out online or submitted by mail if you were sent notice about a data security incident Defendant Toyotetsu experienced around October 2021 (“Settlement Class”).

If you wish to submit a Claim by mail, please provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **no later than August 23, 2023**. You may submit a claim for both the Cash Payment and Out-of-Pocket Expenses.

**Monetary Compensation**

**Cash Payment:** Would you like to receive a cash payment under the Settlement? **(circle one)**

**Yes                      No**

\*\* The \$250 cash payments may be increased or decreased pro rata based on funds remaining in the Settlement Fund after all claims are submitted.

**Out-of-Pocket Expenses (if any):** I am submitting a claim for either ordinary or extraordinary monetary losses in the amount of \$ \_\_\_\_\_ on account of out-of-pocket expenses and/or extraordinary losses I incurred as a result of the data security incident involving Toyotetsu (“Data Incident”). I understand that I am required to provide supporting third-party documentation and to support my claim for out-of-pocket losses, such as providing copies of any receipts, bank statements, reports, or other documentation supporting my claim. This can include receipts or other documentation not “self-prepared” by you. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. The Settlement Administrator may contact you for additional information before processing your claim. If you do not have information supporting your claim for ordinary or extraordinary expenses, you likely will not receive compensation for this settlement benefit. **Any monetary compensation you may receive under the settlement is capped at \$5,000.00 for out-of-pocket expenses.**

Description of the unreimbursed, out-of-pocket loss occurred, and the documents attached to support this claim:

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Please sign below indicating that you are submitting this claim for monetary losses and your representations of these losses are true and correct to the best of your knowledge and belief. I declare under penalty of perjury under the law of the United States of America that the foregoing is true and correct.

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Signature

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Date

**Claimant Information**

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Class Member Full Name

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Class Member ID: *(Can be found on the postcard you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator.)*

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Address

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City, State, Zip

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Phone Number

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Email