

Supplemental Recovery Form

Charles Miller v. Trumbull Insurance Company, et al., Case No. 2:22-cv-01545-JJT

Name: _____

Claim Number: _____

Email: _____

Phone Number: _____

In basic terms, what medical care did you receive as a result of your accident? (Include any surgeries you received or specialists you received treatment from.)

How much did you incur in medical bills, and how much of this was incurred after your Settlement?

Do you need significant medical treatment in the future, and, if so, what is the nature of that treatment?

Did you suffer any disfigurement or permanent impairment of function? (If so please describe.)

After your initial UM/UIM Settlement, did you suffer further lost wages, and, if so, how much?

I declare under penalty of perjury of the laws of the United States that the foregoing is true and correct.

DATED: _____

By: _____

[Signature]