

CLAIM FORM

Halliday, et al. v. Panda Restaurant Group, Inc.
Case No. 24STCV12667
Superior Court of State of California
County of Los Angeles
SUBMIT BY APRIL 10, 2026
ONLINE AT **WWW.PRGBREACHSETTLEMENT.COM**
OR MAIL TO:
Settlement Administrator
PRG Breach Settlement
c/o A.B. Data, Ltd.
P.O. Box 173073
Milwaukee, WI 53217

GENERAL CLAIM FORM INFORMATION

This Claim Form should be filled out online or submitted by mail if you received a Notice of Data Security Incident letter stating your personal information was potentially compromised in the Panda Restaurant Group, Inc. (“Panda”) Data Security Incident that occurred on March 7, 2024 (“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 April 10, 2026**.

Claimant Information

Full Name of Settlement Class Member

Unique Identifier

(Can be found on the postcard or Email Notice you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator.)

Street/P.O. Box

City

State

Zip Code

Phone Number

Email Address

Para obtener información completa en español, visite www.PRGBreachSettlement.com.

Monetary Compensation

You may submit claims for the Documented Loss Payment and the *Pro Rata* Cash Payment. If you are a California resident, you may also submit claim for a statutory cash payment to California Settlement Class Members.

Documented Loss Payment A: Would you like to receive a cash payment under the Settlement? (circle one)

Yes

No

** The value of payments under this option will be increased or decreased *pro rata* based on the balance of the Settlement Fund after the payment of other benefits, fees, expenses.

Monetary Losses: I am submitting a claim for monetary losses in the amount of \$ _____ on account of out-of-pocket expenses and/or losses I incurred as a result of the 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 that I have not “self-prepared.” I understand that “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. I understand that the Settlement Administrator may contact me for additional information before processing my claim. If I do not have information supporting my claim for expenses and/or losses, I will likely not receive compensation for this Settlement benefit. **I understand that any monetary compensation I may receive under the Settlement for this Settlement benefit is capped at \$5,000.00 for expenses and/or losses.**

Please provide copies of any documentation supporting your claim. You may mark out (also known as redacting) any information that is not relevant to supporting your claim before sending in the documentation. The Settlement Administrator may contact you for additional information before processing your claim.

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

Pro Rata Cash Payment: Would you like to receive an estimated \$100 cash payment under the Settlement? **(circle one)**

Yes No

****** The Parties estimate that payments under this option will be \$100. However, the value of payments under this option will be increased or decreased *pro rata* based on the balance of the Settlement Fund after the payment of other benefits, fees, expenses.

Please sign below indicating that you are submitting this Claim for Losses, and that your representations of these losses are true and correct to the best of your knowledge and belief and are being made under penalty of perjury.

Signature _____

Date _____

Statutory Payment to California Settlement Class Members: If you are a California resident, would you like to receive an additional estimated \$125 cash payment under the Settlement? **(circle one)**

Yes No

****** The Parties estimate that payments under this option will be \$125. However, the value of payments under this option will be increased or decreased *pro rata* based on the balance of the Settlement Fund after the payment of other benefits, fees, expenses.

Credit Monitoring

You may submit a claim for Credit Monitoring. This service includes two years of the following: (i) real time monitoring of the credit file at all three bureaus; (ii) dark web scanning with immediate notification of potential unauthorized use; (iii) comprehensive public record monitoring; (iv) identity theft insurance (no deductible); and (v) access to fraud resolution agents to help investigate and resolve instances of identity theft. If you are submitting a valid claim, please select one of the two options below:

Would you like to receive the Credit Monitoring made available under the Settlement? **(circle one)**

Yes No

Payment

Select from one of the following payment options:

Please note that digital payments require a current valid email address and mobile phone number with your claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment.

Select from one of the following payment options:

Digital

Check

By signing my name below, I swear and affirm that the information included on this Claim Form is true and accurate, and that I am completing this Claim Form to the best of my personal knowledge.

Signature