

REIMBURSEMENT CLAIM FORM

MUST BE MAILED BY OCTOBER 1, 2016

*Keith Yaeger, et al. v. Subaru of America, Inc., et al., No. 1:14-cv-04490-JBS-KMW
Robert Tedesco, Jr., et al. v. Subaru of America, Inc., et al., 1:14-cv-06317-JBS-KMW*

If the pre-printed information is incorrect or absent, please complete the information below (and read (2) below very carefully):

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone #: _____
Vehicle ID Number (VIN-17 digits): _____

[1] Check the Box For Each Cost You Want Reimbursed:

VEHICLE REPAIR(S)

Enclose a repair invoice or any other document(s) that shows:

- Repair date
- Vehicle mileage at repair
- Type of repair performed (including the parts repaired/replaced)
- Proof of payment and total amount paid (for both parts and labor)
- VIN, make, and model
- Facility name, address, and phone number that performed the repair

RENTAL VEHICLE / TOWING

Enclose a receipt or other document(s) that shows:

- What was purchased (e.g., a rental car or towing service)
- Facility name, address, and phone number
- Amount paid
- Date purchased
- The date and type of the corresponding oil consumption repair

ENGINE OIL

Enclose for each oil purchase a receipt or other document(s) that shows:

- The type(s) of oil purchased
- Amount paid
- Where the oil was purchased (i.e., the store's name and location)
- Date purchased

Fill in the blank below:

- List the last known number of miles on your vehicle's odometer: _____

[2] Only If Your Name or VIN Is Not Pre-Printed Correctly Above:

Enclose a document(s) that shows:

- You have owned or leased a class vehicle (e.g., copy of an insurance card or repair invoice)
- The year, model, and VIN of your class vehicle

[3] Sign & Date

*By signing this form, you are certifying under oath that you **HAVE NOT** already been reimbursed for any of the above products and/or services except as reflected on the documents you have submitted. If you were only partially reimbursed, please enclose the document(s) that show how much you were reimbursed.*

By signing this form, you are certifying under oath—but only to the extent you are seeking reimbursement for the purchase of oil—that before the Notice Date, you (1) presented your vehicle to a Subaru dealer for excessive oil consumption; OR (2) you are a member of the United States armed forces, and were stationed, and possessed your Settlement Class Vehicle, outside of the continental United States at the time the expenses were incurred.

Signature: _____ Date: _____

[4] Mail Claim Form with Paperwork by October 1, 2016 to:

**Subaru of America, Inc.
Customer Retailer Services Department
Attention: Oil Consumption Settlement
P.O. Box 6000
Cherry Hill, NJ 08034-6000**

*For more information please view the Class Notice,
call Subaru at 855-384-8926 or visit www.oilconsumption.settlementclass.com.*