

CLAIM FORM

Audi Timing Chain/Timing Chain Tensioner Claim Form

Instructions:

Carefully read each below Section, fill in all applicable fields, and provide the necessary supporting documentation described in Section IV. Once complete, send via U.S. Mail, **postmarked no later than January 25, 2019**, to:

Volkswagen Timing Chain Settlement
Claim Administrator
PO Box 3656
Portland, OR 97208-3656

Alternatively, you may electronically file a Claim Form through the Settlement website at www.TimingChainLitigation.com, on or before January 25, 2019.

Please note that all fields in Sections I–V are required unless otherwise stated. Only submit one form per Vehicle Identification Number.

I. CONTACT AND VEHICLE INFORMATION:

Primary Owner/Lessee First:

MI:

Last:

Secondary Owner/Lessee First (if applicable):

MI:

Last:

Company Name (if applicable):

Address 1:

Address 2:

City:

State:

ZIP Code:

Email:

Phone Number:

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Vehicle Identification Number (VIN):

II. OUT-OF-POCKET EXPENSES FOR REPAIR OR REPLACEMENT OF TIMING CHAIN, TIMING CHAIN TENSIONER, OR SIMULTANEOUS REPAIR OR REPLACEMENT OF BOTH.

If you did not incur out-of-pocket expenses for repair of a timing chain or timing chain tensioner, skip this section.

A. Claim for Repair or Replacement of ONLY Timing Chain:

1. How much did you pay for parts and labor in connection with the repair or replacement of a failed timing chain related to the Settlement Class Vehicle associated with the VIN you provided in Section I of this Claim Form?

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Questions? Call 1-855-206-9873 or visit www.TimingChainLitigation.com

2. What was the date of the repair?

MM - DD - YYYY

3. What was the odometer mileage of the vehicle at the time of the repair? (Miles)

Mileage input boxes

4. What is the contact information of the repair facility?

Repair Facility Name:

Name input boxes

Repair Facility Address:

Address input boxes

City:

City input boxes

State:

State input boxes

ZIP Code:

ZIP Code input boxes

Repair Facility Phone Number:

Phone Number input boxes

5. Was the repair facility an authorized Audi dealer?

Yes/No checkboxes

B. Claim for Repair or Replacement of ONLY Timing Chain Tensioner:

1. How much did you pay for parts and labor in connection with the repair or replacement of a failed timing chain tensioner related to the Settlement Class Vehicle associated with the VIN you provided in Section I of this Claim Form?

Amount input boxes with dollar sign

2. What was the date of the repair?

MM - DD - YYYY

3. What was the odometer mileage of the vehicle at the time of the repair? (Miles)

Mileage input boxes

4. What is the contact information of the repair facility?

Repair Facility Name:

Name input boxes

Repair Facility Address:

Address input boxes

City:

City input boxes

State:

State input boxes

ZIP Code:

ZIP Code input boxes

Repair Facility Phone Number:

Phone Number input boxes

5. Was the repair facility an authorized Audi dealer?

Yes/No checkboxes

C. Simultaneous Repair or Replacement of Timing Chain and Timing Chain Tensioner:

1. How much did you pay for parts and labor in connection with the simultaneous repair or replacement of a failed timing chain and timing chain tensioner related to the Settlement Class Vehicle associated with the VIN you provided in Section I of this Claim Form?

Amount input boxes with dollar sign

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2. What was the date of the repair?

MM - DD - YYYY

3. What was the odometer mileage of the vehicle at the time of the repair? (Miles)

Mileage input box

4. What is the contact information of the repair facility?

Repair Facility Name:

Name input box

Repair Facility Address:

Address input box

City:

City input box

State:

State input box

ZIP Code:

ZIP Code input box

Repair Facility Phone Number:

Phone number input box

5. Was the repair facility an authorized Audi dealer?

Yes/No checkboxes

III. OUT-OF-POCKET EXPENSES TO REPAIR OR REPLACE DAMAGED OR FAILED ENGINE DUE TO FAILURE OF THE TIMING CHAIN OR TIMING CHAIN TENSIONER.

If you did not incur out-of-pocket expenses to repair or replace a damaged or failed engine due to failure of the timing chain or timing chain tensioner, skip this section.

1. How much did you pay for parts and labor in connection with the repair or replacement of a damaged or failed engine due to the failure of the timing chain or timing chain tensioner related to the Settlement Class Vehicle associated with the VIN you provided in Section I of this Claim Form?

Dollar amount input box

2. What was the date of the repair?

MM - DD - YYYY

3. What was the odometer mileage of the vehicle at the time of the repair? (Miles)

Mileage input box

4. What is the contact information of the repair facility?

Repair Facility Name:

Name input box

Repair Facility Address:

Address input box

City:

City input box

State:

State input box

ZIP Code:

ZIP Code input box

Repair Facility Phone Number:

Phone number input box

5. Was the repair facility an authorized Audi dealer?

Yes/No checkboxes

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IV. PROVIDE REPAIR RECEIPT(S) OR OTHER PAPERWORK (ORIGINAL OR COPIES) REGARDING YOUR OUT-OF-POCKET EXPENSES RELATED TO SECTIONS II AND/OR III.

In order to obtain the benefits provided for in the Settlement Agreement, your supporting documentation must show:

- The date and vehicle mileage at the time of the repair;
- The name, address, and telephone number of the facility that performed the repair;
- The year, make, model, and Vehicle Identification Number (VIN) of your vehicle;
- Proof of ownership or lease of the vehicle;
- The parts repaired or replaced (i.e., the timing chain and/or timing chain tensioner), as applicable to your vehicle under the terms of the Settlement. If reimbursement is sought for a damaged or failed engine due to a timing chain and/or timing chain tensioner failure, your documents must also reflect that the engine damage or failure that required repair/replacement was due to a failure of the timing chain tensioner and/or timing chain.
- Proof of payment including the amount paid for repair (parts and labor) and the date and manner of payment; and
- Documents evidencing your adherence to the relevant aspects of the vehicle maintenance schedule during the time you owned or leased the vehicle, in particular, scheduled oil changes, up to the date/mileage of replacement/repair, within a variance of 10% of the scheduled time/mileage maintenance requirements. However, in the event maintenance records cannot be obtained despite a good faith effort to obtain them, you may submit a sworn declaration detailing why the records are not available and attesting to adherence to the vehicle maintenance schedule and, in particular, scheduled oil changes, up to the date/mileage of replacement/repair, within the variance set forth above.

V. CERTIFICATION:

All the information that I (we) supplied in this Claim Form is true and correct to the best of my (our) knowledge and belief and this document is signed under penalty of perjury.

If more than one Owner/Lessee, this Claim Form must be signed by all Owners/Lessees.

Signature of Primary Owner/Lessee

Date

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MM DD YYYY

Signature of Secondary Owner/Lessee (if applicable)

Date

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MM DD YYYY

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