

CLAIM FORM

Falco, et al. v. Nissan North America, Inc., et al., Case No. 2:13-cv-00686-DDP-MANx

Si tiene preguntas, llame al 1-844-763-6373 o envíe un mensaje por correo electrónico a info@FalcovNissan.com.

Para ver este en Español, visita www.FalcovNissan.com.

Please complete all requested fields, below, and return by regular mail to:

**Falco v Nissan Settlement
 Claims Administrator
 P.O. Box 4230
 Portland, OR 97208-4230**

All claims must be postmarked by **July 2, 2018**

I. CLAIMANT CONTACT INFORMATION

All fields required unless otherwise stated.

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:		
-	-	-

II. CLAIMANT VERIFICATION INFORMATION

1. Did you purchase or lease a 2004-2008 Nissan Maxima, 2004-2009 Nissan Quest, 2004-2006 Nissan Altima (with a VQ35 engine), 2005-2007 Nissan Pathfinder, 2005-2007 Nissan Xterra, or 2005-2007 Nissan Frontier (with a VQ40 engine) in California or Washington?

Yes No

2. Did you pay out of your own pocket for diagnosis, repairs, and/or replacement to the primary or secondary timing chain systems or components in your vehicle?

Yes No

Questions? Call 1-844-763-6373 or visit www.FalcovNissan.com

If you answered "No" to either Question 1 OR Question 2, you are NOT eligible to submit a claim in this Settlement.

If you answered "Yes" to both Question 1 AND Question 2, please provide the below requested information:

Vehicle Model Year:

Four empty boxes for vehicle model year

Vehicle Model:

Twenty empty boxes for vehicle model

Vehicle Identification Number (VIN):

Seventeen empty boxes for VIN

A. How much did you pay for parts and labor in connection with the repair referenced in Question 2? (US Dollars)

\$ followed by five empty boxes for amount

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

Seven empty boxes for odometer mileage

C. Do you have documentation showing that the repair was to the primary or secondary timing chain systems or components?

Yes/No checkboxes

If you answered "Yes" to Question C, please include documentation (including your repair order and other documents showing the VIN, mileage, and date of repair) with your claim.

If you are submitting a claim concerning repairs conducted after April 2, 2018, you must include with your claim a copy of the diagnosis from an authorized Nissan dealership establishing that the repair to your timing chain system was necessary because of a broken slack guide retention clip, an unseated slack guide, or worn secondary tensioner shoes, regardless of where you had the repair completed.

If you are submitting a claim after July 2, 2018, you have 90 days from the date the repair was completed to submit a claim for reimbursement.

D. Do you have documentation of the amount you paid for the repair?

Yes/No checkboxes

If you answered "Yes" to Question D, please include documentation (including, among any other documents, your repair order or payment receipts) with your claim.

III. ELECTION OF BENEFIT

The Settlement Agreement provides for the following benefits:

- A. For Qualifying Repairs on Class Vehicles that are made after the Powertrain Coverage under the New Vehicle Limited Warranty (60 months or 60,000 miles, whichever occurs first) has expired, but at fewer than 80,001 miles, (a) reimbursement of 80% of the first \$900 of Qualifying Repair costs actually paid by the Settlement Class Member, or (b) a Voucher toward the purchase of a new Nissan vehicle in the amount of \$1,500.
B. For Qualifying Repairs on Class Vehicles that exceed 80,000 miles but fewer than 100,001 miles, (a) reimbursement of 50% of the first \$900 of the Qualifying Repair cost actually paid by the Settlement Class Member, or (b) a Voucher toward the purchase of a new Nissan vehicle in the amount of \$1,000.

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- C. For Qualifying Repairs on Class Vehicles that exceed 100,000 miles but do not exceed 120,000 miles, (a) reimbursement of 20% of the first \$900 of the Qualifying Repair costs actually paid by the Settlement Class Member, or (b) a Voucher toward the purchase of a new Nissan vehicle in the amount of \$500.

I (we) elect the following benefit **(please check only one)**:

- Reimbursement of repair cost**
- Voucher toward purchase of a new Nissan vehicle**

IV. ACKNOWLEDGEMENT OF CLAIMANT(S)

Claimants must acknowledge that they have read and agree to the following by checking the boxes **(mandatory)**:

- SUBMISSION of JURISDICTION OF THE COURT.** I (we) agree to submit to the exclusive jurisdiction of the United States District Court for the Central District of California – Western Division, for all purposes associated with this Claim.
- VERIFICATION OF CLAIM AND WARRANTY.** I (we) represent and warrant that the information, enclosures and supporting documentation submitted herewith are true, correct and accurate. I (we) specifically warrant that I (we) am the rightful and only owner(s) or assignee(s) of the Claim submitted and have not otherwise transferred or encumbered any right or interest in this Claim and/or entitlement arising from the Settlement to any person.
- RELEASE.** In consideration of the benefits provided by the Settlement, I (we) agree to be bound by all of the provisions in the Settlement, including granting to Nissan North American, Inc. a full and complete release of all Released Claims as defined and set forth in the Settlement and in any Final Order of the Court which may be entered pursuant to the Settlement.

V. CERTIFICATION OF ACCURACY AND RELEASE OF CLAIM

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. I (we) additionally certify under penalty of perjury that the repairs for which I (we) seek reimbursement were not previously paid for, in part or in whole, by Nissan.

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

Signature of Claimant 1 (Primary Owner/Lessee)

Date - -

MM DD YYYY

Signature of Claimant 2 (Secondary Owner/Lessee, if applicable)

Date - -

MM DD YYYY

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