

CLAIM FORM

Volkswagen 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 letter mail, **postmarked no later than January 25, 2021**, to:

Epiq Class Action Services Canada Inc.
Attention: Volkswagen/Audi Timing Chain Canadian Settlement Claims Administrator
P.O. Box 507 STN B
Ottawa ON K1P 5P6

Alternatively, you may electronically submit a Claim Form via email to info@timingchainsettlement.ca, on or before January 25, 2021.

Please note that all fields in Sections I -V are required unless otherwise stated. Only submit one (1) Claim 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:

Province:

Postal Code:

Email:

Phone Number:

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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2. What was the date of the repair (MM/DD/YYYY)?

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

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

Repair Facility Name:

Repair Facility Address:

City:

Province

Postal Code:

Email:

Repair Facility Phone Number:

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5. Was the repair facility an authorized Volkswagen dealer?

Yes No

6. Was any of the repair paid or partially paid through application of the original vehicle warranty or extended warranty, a goodwill payment from VW or Audi, an insurance payment, or a payment by another third party?

Yes No

7. If the answer to question 6 is "Yes", please advise what type of coverage and/or payment was received and the amount of the coverage and/or payment:

Type of Payment: _____

Amount: \$.

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?

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2. What was the date of the repair (MM/DD/YYYY)?

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

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

Repair Facility Name:

Repair Facility Address:

City:

Province:

Postal Code:

Email:

Repair Facility Phone Number:

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5. Was the repair facility an authorized Volkswagen dealer?

Yes No

6. Was any of the repair paid or partially paid through application of the original vehicle warranty or extended warranty, a goodwill payment from VW or Audi, an insurance payment, or a payment by another third party?

Yes No

7. If the answer to question 6 is "Yes", please advise what type of coverage and/or payment was received and the amount of the coverage and/or payment:

Type of Payment: _____ Amount: \$.

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?

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2. What was the date of the repair (MM/DD/YYYY)?

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

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

Repair Facility Name:

Repair Facility Address:

City:

Province:

Postal Code:

Email:

Repair Facility Phone Number:

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5. Was the repair facility an authorized Volkswagen dealer?

Yes No

6. Was any of the repair paid or partially paid through application of the original vehicle warranty or extended warranty, a goodwill payment from VW or Audi, an insurance payment, or a payment by another third party?

Yes No

7. If the answer to question 6 is "Yes", please advise what type of coverage and/or payment was received and the amount of the coverage and/or payment:

Type of Payment: _____ Amount: \$.

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.

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2. What was the date of the repair (MM/DD/YYYY)?

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

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

Repair Facility Name:

Repair Facility Address:

City:

Province:

Postal Code:

Email:

Repair Facility Phone Number:

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5. Was the repair facility an authorized Volkswagen dealer?

Yes No

6. Was any of the repair paid or partially paid through application of the original vehicle warranty or extended warranty, a goodwill payment from VW or Audi, an insurance payment, or a payment by another third party?

Yes No

7. If the answer to question 6 is "Yes", please advise what type of coverage and/or payment was received and the amount of the coverage and/or payment:

Type of Payment: _____ Amount: \$.

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

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

- 1) The date and vehicle mileage at the time of the repair;
- 2) The name, address, and telephone number of the facility that performed the repair;
- 3) The year, make, model, and Vehicle Identification Number (VIN) of your vehicle;
- 4) Proof of ownership or lease of the vehicle;
- 5) Description of the work performed, including a breakdown of parts and labour costs;
- 6) Proof of payment including amount paid for repair (parts and labor) and the date and manner of payment;
- 7) If seeking repair/replacement of a damaged or failed engine, proof that the engine damage or failure requiring repair/replacement was due to a failure of the timing chain tensioner and/or timing chain; **AND**
- 8) 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. 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. Any information submitted that is later determined by the Claims Administrator to be incorrect or untrue may result in a cancellation of settlement benefits and the immediate return of any benefits already received.

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

Signature of Primary Owner/Lessee

Date - -

MM DD YYYY

Full Name

Signature of Secondary Owner/Lessee

Date - -

MM DD YYYY

Full Name