# CLAIM FORM FOR UNEVEN OR RAPID REAR TIRE WEAR 2006 AND 2007 HONDA CIVIC and 2006, 2007, AND 2008 HONDA CIVIC HYBRID

	<u>N.</u>	Name/Address Changes (if any):			
	First Name	First Name Last N			
	Address				
	City	State	Zip		
Please provide the information below f	or all claims so we may contact you if nece	essary or notify you of	status:		
Daytime Phone	Evening Phone				
Cell Phone	e-mail				

# **Claim Form Instructions:**

This form covers two separate claims for reimbursement that are available to members of the Settlement Class. Eligible Settlement Class Members can make one or both claims.

Your Claim Form must be sent to Honda at the address on page 2 of this form and postmarked no later than January 16, 2014.

- Settlement Class Members who previously paid for Control Arm Replacements may submit a claim for reimbursement. (See Part Two of this Form.) Honda may reimburse Out-of-Pocket Expenses for parts and labor paid for the Control Arm Replacement. To be eligible for reimbursement, you must provide Proof of Payment and submit a valid Claim Form no later than January 16, 2014.
- 2. Settlement Class Members who replaced their tires due to Reimbursable Tire Wear may submit a claim for reimbursement for Out-of-Pocket Expenses. (See Part Three of this Form.) Honda will reimburse you in accordance with the schedule included on pages 5 and 6 of the Class Notice. To be eligible for reimbursement, Settlement Class Members must provide Proof of Payment for Reimbursable Tire Wear and submit a valid Claim Form no later than January 16, 2014.
- Current Settlement Class vehicle owners or lessees who have NOT received Control Arm Replacements may be eligible to receive Control Arm Replacements without charge at an Authorized Honda Dealer. To be eligible, you must (1) provide proof that your tires have experienced Reimbursable Tire Wear; and (2) present your Civic and your proof of Reimbursable Tire Wear to an Authorized Honda Dealer no later than January 16, 2014. Proof requires either an inspection at an Authorized Honda Dealer that finds Reimbursable Tire Wear or Proof of Payment establishing Reimbursable Tire Wear.
- 4. If you believe that you are eligible for Control Arm Replacement, please contact your Authorized Honda Dealer. You do not need to complete a Claim Form if you are a Current Settlement Class vehicle owner or lessee and are only seeking Control Arm Replacement.

#### PART ONE – CLAIMANT VEHICLE INFORMATION

1. Did you own or lease a 2006 – 2007 Honda Civic or 2006 – 2008 Civic Hybrid?

□No												
□Yes	s Ye	ear			ſ	Model	 	 	_			
Vehicl	e Ident	tificatio	on Nun	nber:								

2. Did you pay for either a Control Arm Replacement OR tires due to uneven or rapid tire wear?

□Yes

## If you answered "NO" to question 1 OR question 2, you are not eligible to submit a claim.

To make a claim you must submit a Claim Form. For additional information, call 1-888-888-3082 or visit <u>www.ControlArmSettlement.com</u>.

Return this claim form to:

Honda P.O. Box 2718 Torrance, CA 90509

## PART TWO - REIMBURSEMENT FOR CONTROL ARM REPLACEMENT

□ If you are submitting a claim for reimbursement for Control Arm Replacement, please check the box and provide the following information.

**Include an original receipt** (or other original supporting documentation) for Control Arm Replacement. Your documentation **must include all items below**:

- The date the replacement was made and vehicle mileage at the time of replacement;
- The amount you paid for the replacement control arm; and
- Information that shows that the tires on your vehicle experienced diagonal or inner edge wear as described in the Class Notice.

#### Keep a copy for your records. Documents will NOT be returned.

DATE OF AND MILEAGE AT REPLACEMENT	AMOUNT YOU PAID FOR THE REPLACEMENT
//	
Mileage:	\$

□ If you are submitting a claim for prorated reimbursement of Out-of-Pocket Expenses for the purchase of replacement tires due to Reimbursable Tire Wear, please check the box and provide the following information.

**Include an original receipt** (or other original supporting documentation) for the replacement tires purchased due to Reimbursable Tire Wear.

Your documentation must include:

- The date your replacement tires were purchased and the vehicle mileage at the time of purchase;
- The amount you paid for the replacement tires;
- Information sufficient to establish that the tires you replaced suffered from diagonal or inner edge wear as defined in the Settlement Agreement and described in the Notice; and
- The tread depth of each tire being replaced (if available).
- If you had more than two tire replacements, please fill out and attach another copy of this claim form, along with the required documentation for each replacement.

#### Keep a copy for your records. Documents will NOT be returned.

DATE OF REPLACEMENT TIRE PURCHASE AND MILEAGE AT TIME OF PURCHASE	AMOUNT YOU PAID FOR REPLACEMENT TIRES *	TREAD DEPTH OF TIRES AT TIME OF REPLACEMENT (fill in all that apply)	NO TREAD DEPTH MEASUREMENTS
Date: / / Mileage:	Part: \$	LF: RF: LR: RR:	
Date: / / Mileage:	Part: \$	LF: RF: LR: RR:	

# \* Only include the cost of the replacement tires. Labor costs associated with replacement are NOT covered and NOT reimbursable.

## PART FOUR – CERTIFICATION AND RELEASE OF CLAIM

#### SIGN AND DATE THE CERTIFICATION BELOW.

I declare under penalty of perjury that the information I provided on this form is true and correct.

Signature of Owner/Lessee

/_	/	 
Date		

C!	of Co-Owner/	
Nonatiire	OT CO-UW/DEC	
Jignature		

\_\_\_/\_\_\_/\_\_\_\_\_ Date

For assistance completing this form or for answers to your questions, you can consult the Notice, call Honda at 1-888-888-3082, or go to <u>www.ControlArmSettlement.com</u>.