

# REIMBURSEMENT CLAIM FORM

FOR OFFICIAL USE ONLY

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2006-09 Civic Sunvisor Repair

*Cooper v. American Honda Motor Co., Inc.,*

Case No. BC448670 Super. Ct. of California, County of Los Angeles



## Contact and Vehicle Information

Fill in the following blanks with complete information. **Please print clearly.**

Name: \_\_\_\_\_ Daytime telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Vehicle Identification Number (VIN) **(REQUIRED)**: \_\_\_\_\_

Mileage at time of repair: \_\_\_\_\_ # of Sunvisor repair invoices you are submitting: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_

## To Apply For Reimbursement

- **Complete the Contact and Vehicle Information above**
- **Attach a copy of a receipt, invoice, canceled check, or other documentation** from an authorized Honda dealer or independent repair facility. This document should include your vehicle's identification number (VIN); mileage; visor part number and cost of repair (parts and labor); name, address, and phone number of the repair facility that performed the repair; and the date the repair was completed.
- **Sign and date the Claim Form**
- **Mail this completed form and copies of your receipts and invoices to:**

Honda Sunvisor Reimbursement  
P.O. Box 2902  
Torrance, CA 90501-2902

## Certification (signature required)

The information on this form is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

