

## CLAIM FORM FOR REPAIRS RELATED TO ENGINE MISFIRE<sup>1</sup>

Name/Address Changes (if any):



Barcode #:  
JOHN DOE  
1334 STEPHEN COURT  
SEATTLE WA 98101

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please provide the information below for all claims so we may contact you if necessary or notify you of status:

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

### Claim Form Instructions:

**Read over the Supplemental Class Notice. Completely fill out this form and attach all the necessary documents and mail to the address listed. Your Claim Form must be postmarked no later than April 28, 2016. Please note the following:**

1. Potentially eligible repairs require on-board diagnostic codes or diagnostic trouble codes ("DTC"): P0301, P0302, P0303, or P0304, which will likely appear on your repair invoice or other documentation. Please see the Notice or settlement website [enginemisfiresettlement.com](http://enginemisfiresettlement.com) for additional information.
2. Potentially eligible repairs include, but are not limited to, spark plug replacement and certain engine repairs (including replacement of pistons and/or piston rings).

### PART ONE – CLAIMANT VEHICLE INFORMATION AND CLAIM

1. Did you incur any Out-Of-Pocket Expense for repairs due to Engine Misfire?

No       Yes

**If you answered "No" to question 1, you are not eligible to submit a claim.**

If you answered "Yes", complete the following:

Year \_\_\_\_\_ Model \_\_\_\_\_

Vehicle Identification Number:

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<sup>1</sup> Capitalized terms used herein have the same meaning ascribed to them in the Class Action Settlement Agreement and Release, which can be viewed on the settlement website [enginemisfiresettlement.com](http://enginemisfiresettlement.com).

Repair Order Number \_\_\_\_\_ Date of Repair \_\_\_\_\_

Amount of Repair: \$ \_\_\_\_\_

Repair Order Number \_\_\_\_\_ Date of Repair \_\_\_\_\_

Amount of Repair: \$ \_\_\_\_\_

To make a claim you must submit a Claim Form. For additional information, call 1-888-888-3082 or visit the settlement website [enginemisfiresettlement.com](http://enginemisfiresettlement.com).

Return this claim form and the required documentation to:

Settlement Administrator  
Soto Class Action Settlement – Omitted Owner Group  
P.O. Box 2718  
Torrance, CA 90509

**PART TWO – REQUIRED DOCUMENTATION**

**Include an original repair invoice or receipt (or other comparable documentation) PLUS proof of payment for each eligible repair or replacement for which you claim reimbursement of Out-Of-Pocket Expenses for Engine Misfire.**

Your documentation **must also include all items below:**

- The date the repair or replacement was made and vehicle mileage at the time of repair or replacement;
- The amount you paid for engine repairs;
- Information that shows that the repair was performed to your Class Vehicle for Engine Misfire (such as the appearance of diagnostic trouble codes (“DTC”): P0301, P0302, P0303, or P0304); and
- A certification that you have not before received notice of this settlement, and that you have not previously submitted any claim for reimbursement under this settlement

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

**PART THREE – CERTIFICATION AND RELEASE OF CLAIM**

**SIGN AND DATE THE CERTIFICATION BELOW.**

I declare under penalty of perjury under the laws of the United States that the foregoing information is true and correct, the documentation I have provided in support of each of my claim(s) for reimbursement is authentic, and I have not previously submitted any claim for reimbursement under this settlement.

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Signature

Date

Note: If you are submitting this Claim Form on behalf of another person who is a Settlement Class Member, please explain why you have the authority to do so and attach a copy of any Power of Attorney or other such documents that you may have.

For assistance completing this form or for answers to your questions, please consult the Notice, contact the Settlement Administrator at 1-888-888-3082, or go to the settlement website [enginemisfiresettlement.com](http://enginemisfiresettlement.com).

## PART FOUR – CHECKLIST

1. Filled out the Settlement Class Member Information in Part One.
2. Provided proof of claim(s), which at minimum must include a copy of the original repair invoice or receipt plus proof of payment.
3. Completed the Certification in Part Three.
4. Kept a copy of your completed Claim Form (plus documentation submitted) for your records.
5. Mailed your Claim Form so that it is postmarked on or before the Claim Form deadline of **April 28, 2016**.
6. Mailed the Claim Form to:

Settlement Administrator  
Soto Class Action Settlement – Omitted Owner Group  
P.O. Box 2718  
Torrance, CA 90509

**Claim Forms will be processed and approved reimbursements will be mailed after the Court has held the Supplemental Hearing.**  
**Please check the settlement website [enginemisfiresettlement.com](http://enginemisfiresettlement.com) for updates.**