

CLAIM FORM FOR REIMBURSEMENTS RELATED TO OIL DILUTION CONDITION

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

Name/Address: _____

First Name

Last Name

Address

City

State

Zip

Daytime Phone _____ Evening Phone _____

Cell Phone _____ e-mail (optional) _____

Claim Form Instructions:

Read the Class Notice. Completely fill out this form and attach all the necessary documents and mail to the Settlement Administrator (address below). Your Claim Form must be postmarked no later than Tuesday, September 29, 2020. Please note the following:

1. Potentially eligible reimbursements include Towing Expenses, Oil Change Expenses, and Past Diagnostic Costs. Please see the Notice or settlement website (OilDilutionSettlement.com) for additional information.
2. Your Claim Form should be mailed to:

Oil Dilution Claims Settlement Administrator
P.O. Box 2718
Torrance, CA 90509

PART ONE – REIMBURSEMENT FOR TOWING EXPENSES

1. Did you incur any Towing Expenses due to the Oil Dilution Condition?
 No Yes
2. Was the towing required because of a Malfunction Indicator Light, “limp mode,” or engine failure due to the Oil Dilution Condition?

No Yes

3. Was a diagnostic technical code in the vehicle related to Oil Dilution Condition?

No Yes

4. Do you have proof of the above expense (like a receipt)?

No Yes

If you answered "No" to any of the questions above, you are NOT eligible to submit a claim. If you answered "Yes" to all the questions, please complete the following:

Year _____ Model _____

Vehicle Identification Number:

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Date of Towing _____

Amount Paid for Towing: \$ _____

To make a claim, you must submit a Claim Form ALONG WITH your DOCUMENTATION OF THE REQUIRED DIAGNOSTIC CODE, and your PROOF OF EXPENSE. For additional information, call 888-888-3082 or visit the settlement website at OilDilutionSettlement.com.

Keep a copy of this form and any enclosures for your records. Documents will NOT be returned.

PART TWO – REIMBURSEMENT FOR OIL CHANGE EXPENSES

1. Did you incur any Oil Change Expenses due to the Oil Dilution Condition?

No Yes

2. Was the oil change done on or before 5,000 miles from the prior oil change?

No Yes

3. Did you complain about the Oil Dilution Condition to Honda or an authorized Honda dealer before the oil change and do you have documentation verifying that complaint?

No Yes

4. Do you have proof of the above expense (like a receipt)?

No Yes

If you answered "No" to any of the questions above, you are NOT eligible to submit a claim. If you answered "Yes" to all the questions, complete the following:

Year _____ Model _____

Vehicle Identification Number:

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Date(s) of Oil Change(s) _____

Total amount of Oil Change(s): \$ _____

To make a claim, you must submit a Claim Form ALONG WITH your DOCUMENTATION verifying your complaint about Oil Dilution Condition to Honda and PROOF OF EXPENSE. For additional information, call 888-888-3082 or visit the settlement website at OilDilutionSettlement.com.

Keep a copy of this form and any enclosures for your records. Documents will NOT be returned.

PART THREE – REIMBURSEMENT FOR PAST DIAGNOSTIC COSTS

1. Did you incur any Diagnostic Costs due to the Oil Dilution Condition?
 No Yes
2. Do you have documentation from Honda verifying these past diagnostics?
 No Yes
3. Do you have proof of the above expense (like a receipt)?
 No Yes

If you answered "No" to any of the questions above, you are NOT eligible to submit a claim.

If you answered "Yes" to all the questions, complete the following:

Year _____ Model _____

Vehicle Identification Number:

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Date(s) of Diagnostic Cost(s): _____

Total Amount of Diagnostic Cost(s): \$ _____

To make a claim, you must submit a Claim Form ALONG WITH your Honda DOCUMENTATION verifying your diagnostic costs and PROOF OF EXPENSE. For additional information, call 888-888-3082 or visit the settlement website at OilDilutionSettlement.com. This reimbursement is capped at \$250.

Keep a copy of this form and any enclosures for your records. Documents will NOT be returned.

PART FOUR – CERTIFICATION AND RELEASE OF CLAIM

SIGN AND DATE THE CERTIFICATION BELOW.

I declare under penalty of perjury under the laws of the United States and the State of Minnesota that the foregoing information is true and correct and the documentation I have provided in support of each of my claim(s) for reimbursement is authentic.

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 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 888-888-3082, or go to the settlement website at OilDilutionSettlement.com.

PART FIVE – CHECKLIST

1. Filled out the Settlement Class Member Information.
2. Provided proof of claim(s), which at a minimum must include a copy of the proof of payment.
3. Completed the Certification in Part Four.
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 Tuesday, September 29, 2020. The Effective Date, once known, will be posted on the settlement website at OilDilutionSettlement.com.
6. Mailed the Claim Form to:
Oil Dilution Claims Settlement Administrator
P.O. Box 2718
Torrance, CA 90509

Claim Forms will be processed and approved reimbursements will be mailed after the settlement has been approved by the Court and become in all respects Final.¹ Please check the settlement website at OilDilutionSettlement.com for updates.

¹ Capitalized terms used in this form have the same meaning ascribed to them in the Class Action Settlement Agreement and Release, which can be viewed on the settlement website at OilDilutionSettlement.com.