

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

HEATHER GUTIERREZ and CONNIE
KAUPA, on behalf of themselves and all
others similarly situated,

Plaintiffs,

vs.

AMERICAN HONDA MOTOR CO., INC., a
California corporation,

Defendant.

CASE NO: 5:09-cv-01517-JZ-OP

Judge Jack Zouhary

CLAIM FORM

SIDE AIRBAG SETTLEMENT
c/o Class Administrator
P.O. Box 2718
Torrance, CA 90509

**Your Signed Claim Form Must Be Mailed and Postmarked
No Later Than September 2, 2014**

**If You Do Not Submit A Claim Form By September 2,
2014, You Will Not Receive The Benefits Described In The
Class Notice. Please Read This Entire Form Carefully.**

If you experienced a Reimbursable Deployment prior to February 13, 2014, you must fill out this Claim Form to receive the settlement benefits. Members of the Injunctive Class do not need to fill out this Claim Form.

I. ELIGIBILITY AND INSTRUCTIONS

Please read the Class Notice (available at www.SideAirbagSettlement.com) regarding the Settlement carefully before filling out this form. Terms in this Claim Form are defined in the Class Notice and the Settlement Agreement, both of which are available at the Settlement Website.

If you purchased or leased, new or used, one of the following vehicles and you experienced a Reimbursable Deployment while owning or leasing such a vehicle and your vehicle is identified by VIN in the list available on the Settlement Website (see www.SideAirbagSettlement.com), you may be entitled to compensation if you complete and submit this Claim Form in a timely manner: (1) a 2003 Honda Accord Sedan or Coupe with Side Airbags; (2) a 2004 Accord Sedan with Side Airbags manufactured before April 8, 2004; (3) a 2004 Accord Coupe with Side Airbags; or (4) a 2008 Accord Sedan manufactured before June 12, 2008. For a full description of the benefits available under the Settlement and eligibility to claim them, please see Paragraphs 4 and 6 of the Class Notice.

All persons who are members of the Settlement Class and who do not timely request exclusion from the Settlement Class are bound by the terms of the judgment entered by the Court and release their claims against

American Honda Motor Co., Inc. (“AHM”) described in the Class Notice and Settlement Agreement whether or not they submit a Claim Form.

II. TO CLAIM BENEFITS

The benefit to which you may be entitled under the Settlement depends upon whether your Side Airbag has been previously repaired or replaced.

A. IF YOU EXPERIENCED A REIMBURSABLE DEPLOYMENT BUT YOUR SIDE AIRBAG HAS NOT BEEN REPAIRED OR REPLACED

If you experienced a Reimbursable Deployment of a Side Airbag and the Side Airbag has not been repaired or replaced, you are eligible to have AHM repair or replace (at its election) your Side Airbag free of charge. In order to obtain this benefit, you must:

- Fill out the Settlement Class Information (Section III) below;
- Sign the Verification at the end of the Claim Form;
- Return this completed Claim Form, by mail, no later than September 2, 2014; and
- Take your vehicle to an Authorized Honda Dealer in accordance with the instructions in the written acknowledgment of your claim that you will receive from AHM.

B. IF YOU EXPERIENCED A REIMBURSABLE DEPLOYMENT AND INCURRED EXPENSES TO REPAIR OR REPLACE YOUR SIDE AIRBAG

If you experienced a Reimbursable Deployment of a Side Airbag and incurred out-of-pocket expenses to have your vehicle’s Side Airbag repaired or replaced, pursuant to the Settlement, you are eligible for reimbursement of the out-of-pocket expenses that you incurred to replace or repair your vehicle’s Side Airbag. In order to obtain this benefit, you must:

- Fill out the Settlement Class Information (Section III) below;
- Sign the Verification at the end of the Claim Form;
- Submit documentation (in the form of receipts, work orders, repair orders or the like) providing proof of the amount of out-of-pocket expenses claimed, the work performed on your vehicle and who performed that work; and
- Submit documentation of any prior reimbursements or deductions from the out-of-pocket expenses claimed, including but not limited to any amounts paid by insurance, discounts given by the person who performed the work on your vehicle or “goodwill” or other credits from AHM or others; and return the completed Claim Form, by mail, no later than September 2, 2014.

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.

NOTE: If there is evidence that abuse or misuse of your vehicle caused the Side Airbag to deploy or that the vehicle otherwise did not experience a Reimbursable Deployment, AHM reserves the right to deny reimbursement, repair or replacement. The process for addressing any disputes regarding the denial of reimbursement, repair or replacement is described in Section IV, Paragraph 3 of the Settlement Agreement.

Documentation

If you are seeking reimbursement of expenses you incurred to repair or replace your Side Airbag, you must submit copies of documents and records you have that establish: (1) the amount of out-of-pocket expenses you paid to repair or replace the Side Airbag of your vehicle; and (2) the amount of any reimbursement (even if it was only partial reimbursement) that you received for the repair or replacement of the Side Airbag of your vehicle. Such documents may include, but are not limited to: receipts, work orders, repair orders, canceled checks, credit card statements or other documents that may describe the work performed on your vehicle and who performed that work.

IV. VERIFICATION

I declare under penalty of perjury under the laws of the United States of America and the State of California that that I experienced a Reimbursable Deployment of one or more Side Airbags in a Class Vehicle and that the information in this Claim Form is true and correct and that if I am seeking reimbursement, I have provided copies of all of the documents and records within my possession that are requested in Section IV of this Claim Form.

This Claim Form was executed on _____ (month), _____
(year) in _____ (city, state, country).

SIGN YOUR NAME HERE

PRINT OR TYPE YOUR NAME HERE

PLEASE KEEP A COPY OF YOUR COMPLETED CLAIM FORM AND OTHER DOCUMENTATION. THE PROCESSING OF CLAIMS WILL TAKE TIME. NO MONEY WILL BE ISSUED UNTIL AFTER THE EFFECTIVE DATE OF THIS SETTLEMENT. AHM RESERVES THE RIGHT TO AUDIT ANY CLAIM FORMS SUBMITTED. PLEASE CHECK THE SETTLEMENT WEBSITE PERIODICALLY FOR UPDATES ON THE STATUS OF THE SETTLEMENT. THANK YOU FOR YOUR PATIENCE.

Please mail your completed claim form, along with your supporting documentation (if required), so that it is postmarked no later than September 2, 2014 to:

**SIDE AIRBAG SETTLEMENT
c/o Class Administrator
P.O. Box 2718
Torrance, CA 90509**