Bosch Diesel Emissions Settlement c/o RicePoint Administration Inc. P.O. Box 4454, Toronto Station A 25 The Esplanade Toronto ON M5W 4B1



Quenneville, et al. v. Robert Bosch GmbhH

ONTARIO SUPERIOR COURT OF JUSTICE

Case No. CV-16-549639-00CP

# Must Be Postmarked No Later Than April 8 , 2021

# BOSCH DIESEL EMISSIONS SETTLEMENT IN CANADA CLAIM FORM - EXTENDED WARRANTY REIMBURSEMENT

CLAIMANT INFORMATION								
First Name	M.I. Last Name							
Primary Address								
Primary Address Continued								
Ville		Province Postal Code						
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation						

If you are claiming for more than one potentially eligible vehicle, you must submit a separate claim form for each vehicle.

To file your claim for the Extended Warranty reimbursement, you may:

- (1) File a claim online by visiting www.boschcanadasettlement.com. Online claim submission will result in expedited processing of your claim.
- (2) File a paper claim by completing this form and sending it along with any required documentation by Canada Post mail to the following:

#### **By Canada Post:**

Bosch Diesel Emissions Settlement c/o RicePoint Administration Inc. P.O. Box 4454, Toronto Station A 25 The Esplanade Toronto, ON M5W 4B1

#### **INSTRUCTIONS**

# \*\*If you need help completing this form, please visit www.boschcanadasettlement.com or call toll-free 1-866-723-8776.\*\*

- (1) If you have submitted a claim for this vehicle online at www.boschcanadasettlement.com, you do not need to fill out this form.
- (2) You need to complete and submit every page of this form.
- (3) You must also submit all requested supporting documentation. We will contact you if your claim or documents are incomplete.
- (4) You must sign where indicated below for your claim to be processed.

**IMPORTANT**: BEFORE FILLING OUT THIS FORM, READ THE FOLLOWING INFORMATION REGARDING YOUR ELIGIBILITY CAREFULLY:

Submit this form if you successfully claimed a Buyback or Buyback With Trade-In benefit in the 2L Settlement, and at the time you surrendered your 2L Vehicle, had an unused portion of Extended Warranty coverage purchased at an authorized VW or Audi dealership.



FOR CLAIMS PROCESSING ONLY	ОВ	СВ	DOC LC REV	RED A B	
----------------------------------	----	----	------------------	---------------	--

### You must submit your claim for Extended Warranty reimbursement postmarked no later than April 8, 2021.

## **Claimant Information**

STEP 1: CLAIMANT INFORMATION
------------------------------

Claimant Information										
—	_									
Phone Number										
Email Address										

#### **Claim Information**

Please complete the following information about your completed Buyback or Buyback With Trade-In claim from the 2L Settlement.

Claim ID			VIN											
Vehicle Mode	el l												Model Year	
Extended Warranty Purchase Date					Buy	Buyback/Trade-In Date								
M M /	DD/ Day	Y Y Y Year	Y		Mo	nth	D Day	D/	Year	YY	Y			

### **STEP 2: SUPPORTING DOCUMENTATION**

Supporting Documentation

You are required to satisfy ONE of the following requirements for your claim to be considered (please fill the option applicable to you):

A copy of my Extended Warranty contract is attached to my submission; OR

I have completed the declaration section below attesting to the facts of my Extended Warranty.

### Declaration

#### (Complete this section only if you do not have a copy of your Extended Warranty Contract included in your claim submission)

Ι	(name of claimant), residing in	(city), in the province of							
(prov.), do hereby decla	re that I purchased an Extended Wa	arranty from	(Name of VW or Audi dealership)						
for my 2L vehicle on	(date). I paid	_(cost) for the Ex	tended Warranty. The coverage period of the Extended						
Warranty was	(length of warranty in years) an	d at the time the ve	chicle was surrendered in the 2L Settlement, there was						
(years or months remaining duration) of unused coverage remaining.									

By signing below I agree to allow RicePoint Administration Inc. to retain and use the information provided in this form to accomplish the purposes relevant to processing a proof of claim related to the Settlement Program, including but not limited to contacting me with questions, updates or information using any or all of the provided information.

I provide permission for RicePoint Administration Inc. to share the information provided in this form with third parties, including Volkswagen and Class Counsel only to the extent necessary or appropriate in connection with the Settlement Program or to meet other legal obligations. This may include collecting, accessing, using, preserving or disclosing the information when reasonably necessary to: (a) comply with legal process or otherwise satisfy any applicable law or regulation; (b) prevent fraud or imminent harm; (c) ensure the security of information; (d) address technical issues; (e) provide data processing; (f) provide data storage; and/or (g) provide other support in order to facilitate the processing of my claim.

I confirm all of the information provided in this form is true and accurate.

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy):

Print Name: \_\_\_\_

