

OUT-OF-POCKET CLAIMS PROCESS - CLAIM FORM

Vance, et al. v. Mazda Motor of America, Inc., et al.

You only need to submit a Claim Form if you spent money prior to May 22, 2025 for certain repairs relating to certain Denso manufactured fuel pumps covered under the Settlement and have not already been reimbursed. This date might change, so please check the Settlement Website regularly.

Use this Claim Form only if you: (1) previously paid out-of-pocket expenses incurred to repair or replace a Fuel Pump of Covered Vehicles that were not otherwise reimbursed and that were either (a) incurred prior to the date of entry of the Preliminary Approval Order; or (b) incurred after the date of entry of the Preliminary Approval Order and before the Final Effective Date; (2) you are not otherwise excluded from the Class; and (3) you otherwise meet the terms and conditions specified in this Claim Form and the Settlement Agreement.

To determine whether you are a Class Member eligible to make a claim, or for more information regarding the class action settlement, please first visit www.MazdaFuelPumpsSettlement.com. If you still have questions regarding the claims process, *call 1-888-825-1230*.

INSTRUCTIONS FOR COMPLETING THIS CLAIM FORM AND SUBMITTING A CLAIM FOR PAYMENT

- 1) You can complete the Claim Form online at www.MazdaFuelPumpsSettlement.com, or on paper. Check the Claim Form carefully to make sure all of the information is correct and that you have filled in any missing information. If you are submitting a Claim Form for multiple invoices and/or more than one Covered Vehicle, you can photocopy this Claim Form and attach a separate sheet containing the information requested, or, if you are submitting this Claim Form online, please check the box allowing you to include rows for multiple invoices and/or more than one Covered Vehicle.
- 2) Capitalized terms in this Claim Form have the same meaning as provided in the Settlement Agreement, which is available at www.MazdaFuelPumpsSettlement.com. No funds will be paid out unless and until the settlement is finally approved by the Court, including the resolution of any appeals in favor of upholding the settlement.
- 3) If you print this Claim Form, type or print legibly in blue or black ink. Do not use any highlighters. Provide **all** requested information to complete and submit this Claim Form, attach Supporting Documentation, as specified below, and sign the Claim Form.
- 4) **You must submit your completed Claim Form and any Supporting Documentation by mail or electronically no later than May 22, 2025. This date might change, so please check the settlement website, www.MazdaFuelPumpsSettlement.com, which will be periodically updated. The completed Claim Form and any Supporting Documentation, can be submitted online at www.MazdaFuelPumpsSettlement.com or mailed to:**

**Mazda Fuel Pumps Settlement
c/o JND Legal Administration
PO Box 91423
Seattle, WA 98111**

Important: Keep a copy of your completed Claim Form and the Supporting Documentation. Any documents you submit with your Claim Form will not be returned. Do not send original documents. If your claim is rejected for any reason, you will be notified.

If you fail to timely and fully complete this Claim Form and submit the required Supporting Documentation, your Claim may be denied. If your Claim is denied, you will not receive a cash payment for your Claim. The Settlement Administrator has the right to request verification of eligibility to participate in this Settlement.

Questions? Call toll free 1-888-825-1230 or visit www.MazdaFuelPumpsSettlement.com

To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

SECTION I – CLASS MEMBER AND COVERED VEHICLE INFORMATION

Name:
Last *First* *Middle Initial*

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Vehicle Identification Number (VIN): (COMPLETE THIS BOX FIRST AS IT MAY POPULATE OTHER BOXES IN THIS CLAIM FORM AND BE SURE TO CORRECT ANY WRONG INFORMATION)

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Make *Model* *Model Year of Vehicle*

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Your Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____

E-mail Address: _____ @ _____ . _____

SECTION II – ELIGIBILITY

1. Did you incur out-of-pocket expenses to repair or replace the Denso fuel pump on a Covered Vehicle, and for which you were not otherwise reimbursed, and the costs were incurred prior to the Final Effective Date of **March 27, 2025**?*

- No
 Yes

If you answered “No” to question 1, you are not eligible to submit a Claim Form.

If you answered “Yes” to question 1, please answer question 2.

2. Did you incur the above out-of-pocket expenses prior to the date of entry of the Preliminary Approval Order **September 11, 2024**?

- No
 Yes

If you answered “No” to question 2, please answer question 3.

If you answered “Yes” to question 2, please complete Sections II.A. and III only.

3. Did you request coverage from a Mazda Dealer after the date of entry of the Preliminary Approval Order **September 11, 2024** and prior to the Final Effective Date **March 27, 2025*** for the out-of-pocket expenses incurred to repair or replace a Fuel Pump of a Covered Vehicle that were not otherwise reimbursed and were subsequently denied?

- No
 Yes

If you answered “No” to question 3, you are not eligible to submit a Claim Form.

If you answered “Yes” to question 3, please complete Section, II.A., II.B., and III.

**The Final Effective Date might change, so please check the Settlement Website regularly for updates. It will not be earlier than 30 days after the Court’s issuance of the Final Order and Final Judgment.*

SECTION II.A. – CLAIM INFORMATION

The best way to show you incurred eligible out-of-pocket expenses is to enclose an invoice(s), service record(s), repair order(s), or any other document(s) that shows:

- Proof of ownership, which includes VIN, make and model
- Repair date
- Type of fuel pump repair performed (including the parts repaired, condition and cause)
- Proof of payment and total amount paid (for both parts and labor)
- Facility name, address and phone number that performed the repair

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INVOICE #1	
<i>Order Number:</i>	<i>Amount of Repair or Other Covered Expense:</i>
<i>Date of Repair:</i>	
_____ / _____ / _____	
<i>Name, City and State of Mazda Dealership Where Repair Occurred:</i>	
Dealership Name: _____	
Street Address: _____	
City: _____ State: _____ Zip Code: _____	
<i>Description of Repair:</i>	
<i>Other/Specify Other Costs (If Applicable):</i>	

INVOICE #2	
<i>Order Number:</i>	<i>Amount of Repair or Other Covered Expense:</i>
<i>Date of Repair:</i>	
_____ / _____ / _____	
<i>Name, City and State of Mazda Dealership Where Repair Occurred:</i>	
Dealership Name: _____	
Street Address: _____	
City: _____ State: _____ Zip Code: _____	
<i>Description of Repair:</i>	
<i>Other/Specify Other Costs (If Applicable):</i>	

SECTION II.B. – PROOF OF PRIOR DENIAL BY MAZDA DEALER

Complete this section if you answered NO to Question 2 above. Do NOT complete this section if you answered YES to Question 2. The best way to show you incurred eligible out-of-pocket expenses is to enclose an invoice(s), service record(s), repair order(s), e-mail, or any other document(s) that shows:

- Written documentation between you and the dealership requesting and/or denying coverage of the expense

<i>Specify Invoice Number from Above:</i>
<i>Date of Request:</i>
_____ / _____ / _____
<i>Date of Denial:</i>
_____ / _____ / _____
<i>Description of Request and Denial, Including Names of any People Spoken to:</i>
<i>Other/Specify (If Applicable):</i>

SECTION III – ATTESTATION

By signing this Claim Form, you affirm that you **HAVE NOT** already been reimbursed for any of the above services except as reflected on the documents you have submitted. If you were only partially reimbursed, please enclose the document(s) that show how much you were reimbursed.

I affirm under the laws of the United States of America, that the information in this Claim Form is true and correct to the best of my knowledge, information and belief. I understand that my Claim Form may be subject to audit, verification and the Settlement Administrator and Court review.

Signature _____ Date _____

SECTION IV – CLAIM FORM COMPLETION AND SUBMISSION CHECKLIST

- Be sure that your completed Claim Form includes your current name, address, telephone number, contact information and the vehicle identification number (VIN) of your Covered Vehicle.
- Provide receipts or other evidence for the out-of-pocket expenses for repair of fuel pump covered under the Customer Support Program, as instructed above.
- Provide supportive documents of denial of coverage for out-of-pocket expenses incurred to repair of fuel pump covered under the Customer Support Program, if any and as instructed above.
- Keep a copy of your completed Claim Form (plus documentation submitted) for your records.
- Sign and date your Claim Form.
- Finally, you must submit your Claim Form and any Supporting Documentation, no later than **May 22, 2025** or postmarked no later than **May 22, 2025**. This date might change, so please check the Settlement Website regularly for updates. The completed claim form and documentation can be submitted online at www.MazdaFuelPumpsSettlement.com or mailed to:

Mazda Fuel Pumps Settlement
c/o JND Legal Administration
PO Box 91423
Seattle, WA 98111

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Mazda, Denso, and/or the Settlement Administrator are not responsible for any misdelivered, lost, illegible, damaged, destroyed, or otherwise not received mail or e-mail.

Claim Forms will be processed and approved in accordance with the terms of the Settlement Agreement. Please check the settlement website, www.MazdaFuelPumpsSettlement.com, for updates.