



BXA

Official
Office
Use
Only

IN *CATALANO* v. *BMW OF
NORTH AMERICA, LLC*
CLAIM FORM TO RECEIVE
BENEFITS OF SETTLEMENT

**Must Be Postmarked or
Submitted Online On or
Before June 28, 2017**

**Complete this form only if you wish to make a claim for
benefits available under the Settlement.**



PLEASE TYPE OR PRINT LEGIBLY

You must supply all of the information requested on this Claim Form in order to obtain benefits under this Settlement.

CLAIMANT INFORMATION

<input type="text"/>										<input type="text"/>	<input type="text"/>													
First Name										M.I.	Last Name													
<input type="text"/>																								
Primary Address																								
<input type="text"/>																								
Primary Address Continued																								
<input type="text"/>															<input type="text"/>					<input type="text"/>				
City															State					Zip Code				
<input type="text"/>										<input type="text"/>					<input type="text"/>									
Foreign Province										Foreign Postal Code					Foreign Country Name/Abbreviation									
<input type="text"/>																								
Email Address																								
<input type="text"/>					<input type="text"/>																			
BMW Model Year					Model																			
<input type="text"/>															<input type="text"/>					<input type="text"/>				
Vehicle Identification Number (VIN)															Date of Purchase/Lease									
(The VIN can be found on the metal plate at bottom of driver's side front windshield or on your sale or title documents.)																								

**YOU MAY BE ELIGIBLE FOR ONE OR MORE OF THE FOLLOWING BENEFITS
PROVIDED UNDER THE SETTLEMENT:**

- A. FREE INSPECTION, RELOCATION, AND REPAIR OR REPLACEMENT OF AFFECTED ELECTRONIC MODULES; and**
- B. REIMBURSEMENT FOR REPAIR OR REPLACEMENT OF THE RDC, PDC, MPM, TCU, LOGIC-7, AND SDARS MODULES DUE TO WATER INCURSION UP TO \$1,500.00, REGARDLESS OF WHETHER THE REPAIRS WERE PERFORMED BY AN AUTHORIZED BMW CENTER OR A THIRD-PARTY REPAIR FACILITY.**



FOR CLAIMS PROCESSING ONLY	OR <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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PLEASE COMPLETE THIS CLAIM FORM ONLY IF YOU ARE SEEKING REIMBURSEMENT FOR REPAIRS OR REPLACEMENT OF THE RDC, PDC, MPM, TCU, LOGIC-7, AND SDARS MODULES DUE TO WATER INCURSION.

IF YOU ARE ONLY SEEKING AN INSPECTION, RELOCATION, REPAIR AND REPLACEMENT OF THE ELECTRONIC COMPONENTS, PLEASE CHECK THE SETTLEMENT WEBSITE www.E6061WaterIngressSettlement.com AFTER JULY 28, 2017 TO SEE IF THE SETTLEMENT HAS BEEN APPROVED. IF THE SETTLEMENT HAS BEEN APPROVED, YOU CAN MAKE AN APPOINTMENT WITH A BMW CENTER TO HAVE THE INSPECTION, RELOCATION, AND REPAIR OR REPLACEMENT PERFORMED FREE OF CHARGE.

PLEASE SEE QUESTIONS 7 AND 9 ON NOTICE FORM FOR MORE INFORMATION AND LIMITATIONS.

I am seeking reimbursement for repairs to or replacement of the RDC, PDC, MPM, TCU, LOGIC-7, and SDARS modules due to water incursion that occurred prior to the Effective Date of the Settlement. I have attached copies of the following documents for each repair or replacement:

- A. Documentation that identifies the Class Vehicle VIN. (Required.)
- B. A repair order/invoice that includes a description of the repair, cause of the failure, parts used, labor time and costs, and mileage at the time of repair. (Required.)
- C. Proof of payment for the repair. (Required.)

Did you receive any discount, pricing adjustment, "goodwill," or other refund from BMW NA, a BMW Center, or an independent service center in connection with any repair or replacement?

If so, please provide proof of same and explain below.

COMPLETED CLAIMS FORMS CAN BE SUBMITTED BY MAIL OR ONLINE.

IF SUBMITTING BY MAIL, COMPLETE THIS CLAIM FORM AND MAIL IT , POSTMARKED ON OR BEFORE **JUNE 28, 2017**, TO:

KCC

Catalano Settlement

PO Box 43470, Providence, RI 02940-3470

IF SUBMITTING ONLINE, COMPLETE AND SUBMIT THE CLAIM FORM AVAILABLE AT www.E6061WaterIngressSettlement.com ON OR BEFORE **JUNE 28, 2017**.

CLAIMANT DECLARATION

I declare under penalty of perjury that the information above and the documents I have supplied are true and correct to the best of my knowledge.

Signed On _____ (MM/DD/YYYY)

in _____ (City) _____ (State)

_____ (Sign your name here)

_____ (Type or print your name here)

_____ (Capacity of person signing - if applicable)

