

# **SUBARU EYESIGHT SETTLEMENT**

## **REIMBURSEMENT CLAIM FORM**

You Must Timely Complete, Sign and Submit This Form and Provide the Specified Records and Declaration(s) to Receive One 75% Reimbursement of Out-of-Pocket Expenses Paid Prior to the Notice Date and Within 48 Months or 48,000 Miles (Whichever Occurred First) from the Settlement Class Vehicle's In-Service Date for a Covered Repair of the Pre-Collision Braking, Rear Automatic Braking, and/or Lane Keep Assist feature(s) of the EyeSight system, under the Terms of the Settlement Agreement in *Sampson. v. Subaru of America, Inc.*, No. 1:21-cv-10842-ESK-SAK (U.S. Dist. Ct., Dist. of New Jersey).

### **STEPS FOR SUBMITTING A CLAIM FOR REIMBURSEMENT:**

(1) Verify Your Contact Information:

<i>First Name:</i>	<input type="text"/>	<i>MI:</i>	<input type="text"/>	<i>Last Name:</i>	<input type="text"/>
<i>Address:</i>					
<input type="text"/>					
<i>City:</i>	<input type="text"/>	<i>State:</i>	<input type="text"/>	<i>ZIP Code:</i>	<input type="text"/>
<i>Telephone Number:</i>					
<input type="text"/> - <input type="text"/> - <input type="text"/>					
<i>Vehicle ID Number (VIN):</i>					
<input type="text"/>					
<i>Vehicle Make:</i>					
<input type="text"/>					
<i>Vehicle Model:</i>					
<input type="text"/>					

(2) Provide a repair invoice, receipt, or other records (original or legible copies) for the repair:

The repair invoice, receipt, or records submitted MUST include the following information:

- (a) Your name;
- (b) The make, model, and Vehicle Identification Number (VIN) of your Settlement Class Vehicle that was repaired;
- (c) The name and address of the authorized Subaru dealership or other service facility that performed the repair;
- (d) The date of the repair and the mileage of your Settlement Class Vehicle at the time of repair;
- (e) That the repair was for a diagnosed and confirmed malfunction or failure of a Settlement Class Vehicle's Pre-Collision Braking, Rear Automatic Braking, and/or Lane Keep Assist feature of the EyeSight system that resulted from failure or malfunction of the EyeSight camera assembly and/or rear sonar sensors;
- (f) A description of the repair work performed including the parts repaired/replaced and a breakdown of parts and labor costs, and the amount charged (parts and labor);
- (g) Records, receipts and/or invoices demonstrating that the Settlement Class Member paid for the repair work performed, including the amount paid; and



- (h) If you are not the person or entity identified on the Class Notice mailing, proof of your ownership or lease of the Settlement Class Vehicle at the time of the repair.
- (i) **If the repair was performed during the Settlement Class Vehicle's original New Vehicle Limited Warranty period, but not by an authorized Subaru retailer:** You must also submit, in addition to the above, documentation (such as a written estimate or invoice) confirming that prior to having it performed, you first attempted to have the repair performed by an authorized Subaru dealer and that the dealer would not or was unable to perform the repair free of charge. If you are unable to obtain such documentation despite a good faith effort to do so, you may, instead, submit with your completed Claim Form, a signed Declaration attesting to this fact and setting forth the good faith efforts you made to obtain the documentation. A form "Declaration of Initial Dealer Repair Request" is available on the settlement website, [www.EyeSightSettlement.com](http://www.EyeSightSettlement.com), or by contacting the Claim Administrator.

(3) State the total Dollar Amount Claimed for Reimbursement for the Paid Repair(s): \$  .

(4) For the amount of the repair cost for which you are seeking to be reimbursed, did you receive any payment, concession, or goodwill accommodation or discount(s) for all or any part of that amount from any source, including from Subaru of America, Inc., a Subaru dealership, an insurer, service contract provider, or extended warranty provider, or from any other person or entity?

☐ Yes ☐ No

If you answered YES, list the total amount of the cost for which you received payment, concession or goodwill accommodation or discount(s), and provide information regarding the source(s) of such payment(s):

\$  .

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(5) Sign & Date:

All the information that I (we) supplied in this Claim Form is true and correct to the best of my (our) knowledge and belief, and this document is signed under penalty of perjury.

Signature

Date:     
MM DD YYYY

(6) Mail Claim Form and all Documents/Paperwork, postmarked no later than **September 27, 2025**, to:

Subaru EyeSight Settlement  
c/o JND Legal Administration  
PO Box 91063  
Seattle, WA 98111

**For more information, please view the Class Notice, contact the Claim Administrator at 1-866-287-0742 or [info@EyeSightSettlement.com](mailto:info@EyeSightSettlement.com), or visit [www.EyeSightSettlement.com](http://www.EyeSightSettlement.com).**