

SUBARU EYESIGHT SETTLEMENT

Declaration of Initial Dealer Repair Request

YOUR FULL NAME AND ADDRESS:																	
First Name								M.I.		Last Name							
Address																	
City										State				Postal Code			
SETTLEMENT CLASS VEHICLE INFORMATION:																	
Model										Model Year							
Vehicle Identification Number (VIN):																	
ENTITY THAT PERFORMED REPAIR:																	
Name of Entity that Performed Repair																	
Address of Entity that Performed Repair														Date of Repair for Which Reimbursement is Requested:			

I hereby state the following, under penalty of perjury:

1. I submit this Declaration, together with the required Supporting Documentation, in support of my claim for 75% reimbursement of out-of-pocket expenses I incurred for a repair of the Pre-Collision Braking, Rear Automatic Braking, and/or Lane Keep Assist feature(s) of the EyeSight system in my Settlement Class Vehicle, which expenses were incurred during the vehicle's original warranty period.

2. The repair referenced in my Claim Form was not performed by an authorized Subaru retailer. I first attempted to have the repair performed on my Settlement Class Vehicle by an authorized Subaru Dealer, _____ [Dealer Name] on _____ [Date]. However, said dealer declined to perform the repair free of

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charge.

3. I have attempted in good faith to obtain copies of the documentation confirming that the above-referenced dealer declined to perform said repair free of charge; however, despite my attempt, I was not able to obtain the documentation. The following is a description of the good faith effort(s) I made to obtain the documentation, including the name(s) of the person(s) with whom I communicated, the date(s) and manner in which I contacted him/her/them, and what I was told regarding the unavailability of, or inability to obtain, copies of the records:

All of the information stated in this Declaration is true and correct to the best of my knowledge and belief, and this document is signed under penalty of perjury.

Signature of Primary Owner/Lessee

Date

MM

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DD

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YYYY

Signature of Secondary Owner/Lessee (if applicable)

Date

MM

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DD

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YYYY