

AEB Settlement Claims Administrator  
C/O Rust Consulting Inc - 8510  
PO Box 2837  
Faribault, MN 55021-8641

**IMPORTANT LEGAL MATERIALS**



FOR OFFICIAL USE ONLY  
03

**AUDI AEB SETTLEMENT**

**REIMBURSEMENT CLAIM FORM**

You Must Timely Complete, Sign and Submit This Form and Provide the Specified Records and Declaration(s) **Prior to July 15, 2024** to Receive Reimbursement of Certain Out-of-Pocket Expenses Paid for a Covered Repair of an AEB System Under the Terms of the Settlement Agreement in *Emily Dack, et al. v. Volkswagen Group of America, Inc., et al.*, Civil Action No. 4:20-cv-00615 (U.S. Dist. Ct., Western Dist. of Mo.).

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

**(1) Verify Your Contact Information:**

If your contact information is incorrect, please correct it in the boxes provided below:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Vehicle ID Number (VIN): \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Please see opposite side of form for additional requirements.





**(2) Provide a Repair Order and/or Other Records (original or legible copies) for the Covered Repair which Must Include the Following Information:**

- (a) Your name;
- (b) The make, model and Vehicle Identification Number (VIN) of your Settlement Class Vehicle that had the repair;
- (c) The date of the repair of your Settlement Class Vehicle;
- (d) The name and address of the authorized Audi dealership or non-dealer service facility that performed the Repair;
- (e) A description of the repair work performed (demonstrating that this was a repair covered under the Settlement) including the parts repaired/replaced and a breakdown of the parts and labor costs;
- (f) The vehicle’s mileage at the time of the repair;
- (g) Records, receipts and/or invoices demonstrating that you paid for the covered repair; and
- (h) Proof of your ownership or lease of the Settlement Class Vehicle at the time of the covered repair.

Total Dollar Amount Paid for Repair and Claimed for Reimbursement: \$\_\_\_\_\_

**(3) Additional Requirements for Repairs Performed by Service Entities or Facilities Other than Authorized Audi Dealers**

In the event the covered repair for which reimbursement was sought was performed during your original New Vehicle Limited Warranty period by a service entity or facility that is not an authorized Audi dealer, then you must also submit, together with all other proof and submission requirements set forth in Section 2, documentation (such as a written estimate or invoice), or if documents are not available after a good-faith effort to obtain them, a Declaration signed under penalty of perjury, confirming that you first attempted to have the covered repair performed by an authorized Audi dealer, but the dealer declined or was unable to perform the repair free of charge pursuant to the Settlement Class Vehicle’s New Vehicle Limited Warranty.

A form Declaration is available for you on the Settlement website at [www.AEBSettlement.com](http://www.AEBSettlement.com).

**(4) Answer the Following Question:**

For the amount of the repair cost for which you are seeking to be reimbursed, did you receive any payment, credit, coverage, concession, or reimbursement for all or any part of that amount from any other source, including from Audi, any warranty, maintenance program, goodwill, coupon or reduction, or other full or partial reimbursement or refund (for example, by an Audi dealership or any insurance company, under any extended warranty or service contract, or by any other source)?

Yes     No

If you answered YES, list the total amount of the cost for which you received a payment, reimbursement, coverage, credit, or concession:

\$\_\_\_\_\_

**(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 July 15, 2024, to:**

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**For more information, please view the Class Notice, call the Claims Administrator at 1-833-637-2922, or visit [www.AEBSettlement.com](http://www.AEBSettlement.com).  
Please do not send claim forms to Class Counsel or the Court.**