

- A description of the good faith efforts you made to obtain the requested records, including who you contacted and when you were told that the documents were not available:

- (c) Required Information: The approximate date each replaced tire was installed on your vehicle, and the number of miles each replaced tire was driven before it was replaced, approximated within 500 miles.

Submit a receipt or other document(s) containing this information. If you are unable to provide a receipt or document(s), state the required information and describe the good faith efforts you made to obtain the records, including who you contacted and when you were told that the documents were not available:

- (d) Required Information: Each tire for which reimbursement is sought was replaced because it had Qualifying Tire Wear defined as sawtooth, heel-to-toe/heel and toe, cupping (also known as chopping or scalloping), or other excessive uneven tire wear, as illustrated in the pictures below.

Submit a receipt or other document(s) containing this information. If you are unable to provide a receipt or document(s), describe the good faith efforts you made to obtain the records, including who you contacted and when you were told that the documents were not available, and circle the picture below, if any, that shows the type of wear the tire(s) had:

HEEL-TO-TOE / HEEL AND TOE WEAR:



TIRE CUPPING:



SAWTOOTH WEAR:



OTHER EXCESSIVE, UNEVEN TIRE WEAR:



- (e) Required Information: Tire rotations were performed on your vehicle within every 9,500 miles to 10,500 miles of tire use before the tire(s) was/were replaced.

Submit a receipt or other document(s) containing this information. If you are unable to provide a receipt or document(s), state whether tire rotations were performed on your vehicle within every 9,500 miles to 10,500 miles of tire use before the tire(s) was/were replaced, and describe the good faith efforts you made to obtain the records, including who you contacted and when you were told that the documents are not available.

(4) Answer the Following Questions:

(a) Was any tire replaced as a result of blowout, puncture, laceration, cut, or similar damage to the tire from an external source?

Yes No

If you answered YES, list the number of tires that had such damage:

(b) Was the wear to any tire caused by an accident, crash, road hazard, an external source, racing, or improper operation or maintenance, including but not limited to improper inflation, improper load, improper speed, misalignment, or improper mounting/demounting?

Yes No

If you answered YES, list the number of tires that had such wear:

(c) For the amount of the tire replacement cost for which you are seeking to be reimbursed, did you receive any payment, credit, coverage, concession, or reimbursement for any part of that amount from any other source, including from any warranty, carefree maintenance program, goodwill coupon or reduction, or other full or partial reimbursement or refund (for example, by a Volkswagen dealership, a tire company such as Continental Tire North America, Inc., or any insurance, extended warranty, service contract or 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:

\$ •

(d) For each tire replacement that was performed by an authorized Volkswagen dealership (not by an independent service center), did the authorized Volkswagen dealership install the tire, at your request, with specifications **different** than those recommended for the vehicle and tire (235/45R17 or 235/40R18, 94 load index, and H speed rating)?

Yes No

If you answered YES, state the number of tires that were installed with these different specifications:

(5) Sign & Date:

All the information that I (we) supplied in this Tire Replacement 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 Paperwork so that they are postmarked by April 25, 2020, to:

Wilson v. Volkswagen
Claims Administrator
P.O. Box 3266
Portland, OR 97208-3266

OR

**Submit the Claim Form and Paperwork Online at
www.TireSettlement.com by April 25, 2020.**

**For more information, please view the Class Notice, call the Claims Administrator at 1-855-964-0515, or visit
www.TireSettlement.com**