

VOLKSWAGEN ATLAS SEAT LATCH SETTLEMENT

REIMBURSEMENT CLAIM FORM

TO RECEIVE REIMBURSEMENT FOR CERTAIN PAST EXPENSES:

You must complete, sign and submit this form and provide the specified records to receive reimbursement of certain past out-of-pocket expenses for one covered repair of the second row seat latching mechanism of a Settlement Class Vehicle in *Beatriz Tijerina, et al. v. Volkswagen Group of America, Inc., et al.*, Civil Action No. 2:21-cv-18755-BRM-LDW.

FOUR STEPS FOR SUBMITTING A CLAIM FOR REIMBURSEMENT:

(1) Contact Information:

First Name								MI		Last Name							
Address 1																	
Address 2																	
City								State				ZIP Code					
Telephone Number																	
Vehicle Identification Number (VIN):																	
Vehicle Make									Vehicle Model								

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

- (a) Your name and address;
- (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;

Questions? Visit www.AtlasSeatLatchSettlement.com or call toll-free at 1-866-287-0739
To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

- (d) The name and address of the authorized Volkswagen 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) Proof of payment, including the amount paid, for the covered repair.

Total Dollar Amount Paid and Claimed For Repair:

\$

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(3) Answer the Following Question:

For the amount of the paid 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 Volkswagen, any warranty, maintenance program, goodwill, coupon or reduction, or other full or partial reimbursement or refund (for example, by any Volkswagen 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:

\$

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(4) 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

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MM

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DD

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YYYY

This Claim Form and all required documents/paperwork must be submitted through www.AtlasSeatLatchSettlement.com by August 4, 2025, or mailed postmarked no later than August 4, 2025, to:

Volkswagen Atlas Seat Latch Settlement
c/o JND Legal Administration
P.O. Box 91123
Seattle, WA 98111

For more information, please view the Class Notice, call the Claims Administrator at 1-866-287-0739, or visit www.AtlasSeatLatchSettlement.com.