

**CLAIM FORM FOR REQUEST FOR REIMBURSEMENT FOR CRANKSHAFT POSITION SENSOR
REPAIR OR REPLACEMENT**

Moran v. FCA US LLC
Class Action Settlement

1. CLAIMANT INFORMATION

*Indicates Required Field

*First Name

M.I

*Last Name

*Primary Address

*City

*State

*Zip

*Email Address

() _____
Telephone Number

2. BACKGROUND INFORMATION

Use this form to submit your claim for reimbursement under the *Moran* Settlement for crankshaft position sensor repair or replacement paid out of pocket, which means the following labor code or labor description was performed on your Class Vehicle:

<u>LOP</u>	<u>Description</u>
08158005	Sensor, Crankshaft position – Test and Replace 3.2-3.6 Liter engine (1 – Semi-Skilled)
08158062	Sensor, Crankshaft position All wheel drive / 4x4 equipped

A) *Are you an employee of FCA US LLC? Select One: Yes No

B) *Are you an officer of FCA US LLC? Select One: Yes No

C) *Class Vehicle VIN: _____

D) *Date you purchased or leased your Class Vehicle: ____ / ____ / ____

E) *Do you still own or lease the Class Vehicle? Select One: Yes No

E1) *If no, on what date did you sell or return the vehicle? ____ / ____ / ____

E2) *If yes, current mileage on the Class Vehicle? _____

3. CRANKSHAFT POSITION SENSOR REPAIR/REPLACEMENT

- A. *Please enter the date of the Service Visit during which the crankshaft position sensor was repaired/replaced: _____ / _____ / _____
- B. *Please list the labor code(s) or labor description(s) for the crankshaft position sensor repair/replacement performed on this service visit: _____
- C. ***Please attach the service records for this Service Visit**
- D. ***Please Provide Proof of Vehicle Ownership at Time-of-Service Visit**
- E. *Do all the service records you submitted in support of this claim identify you as the person requesting the repair? Select One: Yes No

If you answered “yes,” you do not need to submit any additional evidence that you owned the Class Vehicle at the time of the Service Visit for which you seek reimbursement.

If you answered “no,” you must attach one of the following sets of documents to establish that you owned or leased the Class Vehicle at the time of the Service Visit on which your claim is based:

- (1) A vehicle title, vehicle purchase agreement, or vehicle lease agreement that identifies you as the vehicle owner, purchaser, or lease at the time of the Service Visit on which your claim is based; OR
- (2) for the Service Visit on which you base your claim, either (a) a repair record that identifies you as the person who requested the repair, OR (b) a vehicle registration that identifies you as the vehicle owner as of the date of the Service Visit on which your claim is based.

Please attach documents that prove that you owned or leased the vehicle at the time of the Service Visit on which your claim is based, unless all of the service records you submitted in support of this claim identify you as the person requesting the repairs.

4. AFFIRMATION

I attest to and affirm under penalty of perjury that the information state above is accurate to the best of my knowledge, that the documentation I have provided to support this claim is authentic, and that I owned or leased the Class Vehicle at the time of the Service Visit and corresponding crankshaft position sensor repair/replacement on which this claim is based.

Signature: _____

Dated: _____

Print Name: _____

Please return your completed Claim Form to the Settlement Administrator:
Mail: Moran v. FCA US LLC c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606
Email: pacificastallingsettlement@cptgroup.com; Toll Free: 1-888-398-3420