CLAIM FORM FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES

Flynn-Murphy, et al. v. Jaguar Land Rover North America, LLC, et al.

You need to submit a Claim Form and supporting documents if you want reimbursement under the Settlement for money you spent for certain repairs to the turbocharger and/or the engine in your vehicle. No payments for approved claims will be made unless and until the Court approves the Settlement and the time for all appeals has run.

If you have any questions about whether you are a Class Member eligible to make a claim, or for more information regarding the class action settlement, please first review the Long Form Class Action Notice, available at www.turbochargersettlement.com.

To confirm whether you own a Class Vehicle, you can enter the VIN of your vehicle at the Settlement website at www.turbochargersettlement.com. For other requirements for reimbursement, including the time when you first acquired your vehicle and the time when the repair was made, please review the Long Form Class Action Notice, available at www.turbochargersettlement.com. If you still have questions regarding the claims process, you can send an e-mail to info@turbochargersettlement.com or call 1- 844-717-4074 .

THIS CLAIM FORM AND THE REQUIRED DOCUMENTATION MUST BE SENT OR SUBMITTED TO THE CLAIMS ADMINISTRATOR AND NOT THE COURT OR THE RESPECTIVE ATTORNEYS FOR THE PARTIES.

This Claim Form must be postmarked, or filed through an online portal available at www.turbochargersettlement.com, within 90 days of the date on which the Court enters final approval of the Settlement Agreement on the court docket. The date that final approval is entered on the court docket, once known, will be posted at www.turbochargersettlement.com. IF YOU DO NOT SUBMIT A CLAIM FORM, ALONG WITH ANY REQUIRED DOCUMENTATION, BY THIS DEADLINE, YOU WILL NOT BE ELIGIBLE TO RECEIVE REIMBURSEMENT BENEFITS TO WHICH YOU MAY OTHERWISE BE ENTITLED.

If you seek reimbursement for more than one qualifying repairs or replacements a separate Claim Form is required for each.

YOU MUST SUBMIT SUPPORTING DOCUMENTS WITH YOUR CLAIM SHOWING:

(1) the date on which the diagnosis or repair or replacement occurred and the Class Vehicle mileage at the time of such diagnosis or repair or replacement;

(2) the amount of the out-of-pocket costs you incurred due to the turbocharger and/or engine repair or replacement;

(3) proof of payment (e.g., invoice from repair facility showing payment was made or credit card charge) of the claimed out-of-pocket costs;

(4) proof that you were the owner or lessee of the Class Vehicle at the time of the repair or replacement for which reimbursement is claimed (ownership or lesseeship can be established by a copy of your vehicle registration, vehicle title or proof of vehicle insurance); and

(5) if you are seeking reimbursement for the repair or replacement of an engine, proof that such engine repair or replacement was necessary due to a turbocharger failure (in the absence of documents to the contrary, this fifth requirement will be presumed satisfied if an engine repair or replacement was performed contemporaneously with the repair or replacement of a turbocharger).

One document, such as a repair order from a Land Rover retailer/dealership may cover all of these topics. However, you might need to support your claim with more than one document. Documents can include repair order(s), invoice(s), and/or other service record(s) or may consist of other documents that demonstrate these topics. Please be sure that copies of any supporting documents are legible. If you are completing this Claim Form on paper, please be sure to print legibly and in ink to assist and speed review of your claim.

NOTE: If you have not retained a copy of the actual service record for the repair, you must contact the repair facility and request a duplicate or re-printed copy of the repair order. If after making this request of the repair facility, you still are unable to provide a repair order with your claim, you must provide information about your efforts in the claim form (below).

CLAIM FORM

Name: _____

VIN (Vehicle Identification Number): The VIN is located on a placard on the top of the dashboard and is visible through the driver's side corner of the windshield and is also printed on your vehicle registration and insurance identification card.

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[OPTIONAL] Postcard Class Notice Identifier (if you received a Postcard Class Notice in the mail that alerted you to the proposed Settlement and still have it handy, write the number on the postcard in the boxes below).

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Street Address: _____

City: _____

State: _____ **ZIP Code:** _____

Phone number and e-mail address where I can be contacted if there are any questions about my Claim Form**:**

Telephone Number (with area code): (_____)_____ **E-mail Address:** _____

Claim Form Checklist:

☐ **I am the current or former owner or lessee of a 2013–2016 model year Land Rover Range Rover Evoque, 2015–2017 model year Land Rover Discovery Sport, or 2013–2015 model year Land Rover LR2 vehicle sold in the United States.**

☐ **I believe I first purchased or leased my vehicle with less than 100,000 miles or ten (10) years of service.**

☐ **I incurred out-of-pocket costs, for which I am now seeking reimbursement, for repairing or replacing the turbocharger or the engine as a result of a turbocharger failure in my vehicle.**

☐ **I believe that the turbocharger and/or engine was repaired or replaced (or diagnosed by an authorized Land Rover retailer in a document contemporaneous with such failure) when my vehicle had been in service for less than ten (10) years and had been driven for a total of less than 100,000 miles.**

☐ **I have attached copies of repair order(s), invoice(s), and/or other service record(s) or documents showing the information in the five numbered paragraphs above ("Supporting Documents").**

☐ **I have completed the relevant attestations below.**

BE SURE TO ATTACH COPIES OF SUPPORTING DOCUMENTS

PLEASE ALSO COMPLETE THE FOLLOWING ATTESTATIONS:

1. I do hereby attest, under penalty of perjury, that I do not believe that the repair or replacement for which I am claiming reimbursement was required because of collision, accident, vandalism, substantial failure to adhere to the applicable maintenance schedule, or customer abuse.

   _____
   Signature

2. If you did not provide a copy of the original repair order, please provide information about the facility and your efforts to obtain a duplicate repair order (including an explanation of why you were unable to obtain the repair order):

   Repair Facility Name: _____

   Repair Facility Address: _____

   Repair Facility Phone Number: _____

Efforts Made and Date(s) of Such Efforts: _____

_____

3. **I hereby attest, under penalty of perjury that, to the best of my knowledge, all information provided in and attached to this Claim Form is true and correct.**

Signature: _____ **Date:** _____

NOTE: MAKE A COPY OF THE COMPLETED, SIGNED AND DATED CLAIM FORM AND ITS ATTACHMENTS FOR YOUR RECORDS, THEN SUBMIT THIS CLAIM FORM AND ITS ATTACHMENTS TO THE ONLINE PORTAL AVAILABLE AT www.turbochargersettlement.com OR MAIL ALL OF IT BY THE CLAIM SUBMISSION DEADLINE TO:

Flynn-Murphy v. JLRNA Settlement
c/o Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103