

CLAIM FORM

Majdipour, et al. v. Jaguar Land Rover North America, LLC
U.S. District Court, District of New Jersey, Case No. 2:12-cv-07849

TO: CURRENT AND FORMER OWNERS AND/OR LESSEES OF MODEL YEAR 2003 THROUGH 2006 LAND ROVER RANGE ROVER VEHICLES

This Claim Form must be postmarked within 90 days after 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.MajdipourSettlement.com. IF YOU DO NOT SUBMIT A CLAIM FORM, ALONG WITH ANY REQUIRED DOCUMENTATION, BY THIS DEADLINE, YOU WILL NOT RECEIVE THE BENEFITS DESCRIBED IN THE CLASS NOTICE. PLEASE READ THIS ENTIRE CLAIM FORM CAREFULLY.

Please note that for each front air spring replacement for which you are seeking reimbursement, a separate Claim Form with the associated required documents must be submitted. For example, that means that if you are seeking reimbursement for two (2) front air spring replacements, you must submit two (separate) Claim Forms and the associated required documentation.

STEP ONE: Are you the current or former owner and/or lessee of a Model Year 2003, 2004, 2005, or 2006 Land Rover Range Rover vehicle ("Class Vehicle") and were you the registered owner and/or lessee on or before December 31, 2018, and was such registration in one of the 50 states of the United States or the District of Columbia? YES___ NO ____.

If YES, go to STEP TWO. If NO, you are not eligible to receive reimbursement under this Settlement.

STEP TWO: If you are the current or former owner and/or lessee of a used Class Vehicle, did you purchase or lease that Class Vehicle less than 9 years after it was registered for the first time (for example, was the Class Vehicle less than 9 years old when you first purchased it)? YES___ NO ____.

If YES, go to STEP THREE. If NO, you are not eligible to receive reimbursement under this Settlement.

STEP THREE: Did you incur out-of-pocket costs for replacing a *front* air spring on a Class Vehicle for which you are now seeking reimbursement? (Note: "Out-of-pocket costs" means the total out-of-pocket costs incurred and paid by you for the front air spring replacement after subtracting any reimbursement (including, without limitation, any goodwill reimbursement) received, from whatever source, for the incurred costs.) YES___ NO ____.

If YES, go to STEP FOUR. If NO, you are not eligible to receive reimbursement under this Settlement.

STEP FOUR: At the time the front air spring at issue was replaced, had the Class Vehicle been in service for less than 8 years and had it been driven for a total of less than 100,000 miles as shown on the odometer? YES___ NO ____.

If YES, go to STEP FIVE. If NO, you are not eligible to receive reimbursement under this Settlement.

STEP FIVE: With respect to the front air spring for which you are now seeking reimbursement, do you have copies of repair order(s), invoice(s), and/or other service record(s) ("Service Records") showing: (1) the date on which you replaced the front air spring and the mileage on the Class Vehicle on such date; (2) the amount of the out-of-pocket costs you incurred due to the front air spring replacement (estimates and unpaid invoices are NOT sufficient to demonstrate out-of-pocket costs); (3) proof of payment (e.g., canceled check or invoice from repair facility showing payment was made) of the claimed out-of-pocket costs (estimates and unpaid invoices are NOT sufficient to demonstrate proof of payment); AND (4) proof that you were the owner or lessee of the Class Vehicle at the time of the replacement of the front air spring 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)? YES___ NO ____.

If YES, attach copies of these records to this completed Claim Form and go to STEP SIX. If NO, you are not eligible to receive reimbursement under this Settlement.

STEP SIX: If the statement below is accurate and you are willing to declare its accuracy under penalty of perjury, print your name on the first line below and sign your name on the second line below. If (1) the statement below is not accurate or (2) you do not print your name on the first line below and sign your name on the second line below, then you are not eligible to receive reimbursement under the Settlement.

I, _____, do hereby attest, under penalty of perjury, that I am not aware of information that indicates that the front air spring for which I am claiming reimbursement required replacement because of a collision, accident, vandalism,

puncture from road debris, customer abuse, noise complaint unrelated to an Air Leak, or any other reason other than an Air Leak. (Note: "Air Leak" means a loss of air pressure caused by a crack or other failure in the rubber material of the front air spring component.)

Signature

Go to STEP SEVEN.

STEP SEVEN: Do the Service Records or other documents referring to the Class Vehicle indicate that the front air spring for which I am claiming reimbursement was *not* one of the original front air springs (*i.e.* a front air spring installed in a new Class Vehicle at the factory)? YES___ NO ___.

If YES, you are not eligible to receive reimbursement under the Settlement. If NO, go to STEP EIGHT.

STEP EIGHT: If the statement below is accurate and you are willing to declare its accuracy under penalty of perjury, print your name on the first line below and sign your name on the second line below. If (1) the statement below is not accurate or (2) you do not print your name on the first line below and sign your name on the second line below, then you are not eligible to receive reimbursement under the Settlement.

I, _____, do hereby attest, under penalty of perjury, that I am not aware of information that indicates that the front air spring for which I am claiming reimbursement was not one of the original front air springs (*i.e.* a front air spring installed in a new Class Vehicle at the factory).

Signature

Go to STEP NINE.

STEP NINE: Type or neatly print the information below, date and sign below, and attach legible copies of any Service Records or other documents you rely on to support your claim.

First Name: _____ Last Name: _____

VIN (Vehicle Identification Number):

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: _____

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: _____

Make a copy of the completed, signed and dated Claim Form and its attachments for your records, then mail this form and its attachments by the claim submission deadline to:

Majdipour Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103