



FVS

TRANSMISSION HARDWARE REPLACEMENT CLAIM FORM FOR ADDITIONAL SERVICE VISITS

Vargas v. Ford Motor Company
Class Action Settlement

This form CANNOT be submitted on its own, but must be accompanied by a "Claim Form for First Request for Cash Payments/Vehicle Discount Certificates for Transmission Hardware Replacements" and the supporting documents identified on that form. Use this form ONLY if you cannot fit all of the Service Visits for which you are requesting payments on that form. Fill out one of these forms for each additional Service Visit that forms the basis of your claim at this time.

Claim ID No. (from postcard notice)

First Name

M.I.

Last Name

Class Vehicle VIN:

Please enter the date of the Service Visit on which a qualifying Transmission Hardware Replacement was performed:

Please select which Transmission Hardware part was replaced on this Service Visit (if more than one of these parts was replaced, you only need to select one part number):

7B546 Disc Asy-Clutch

7Z369 Control Mod Trans (TCM)

7052 Oil Seal-Trans Rear

7000 Transmission Asy-Aut

7C604 Motor-Frt Clutch

7A508 Rod-CI/Slave Cyl Pus

6K301 Seal/RetC/Shft Oil

7060 Shaft/Bshg Asy-Out

7048 Seal-Input Shaft Oil

7515 Lever Asy-Clutch Rel

Please attach the service records for this Service Visit.

If you are identified as the person requesting the repair on the service records for this Service Visit, you do not need to attach other proof that you owned the Class Vehicle as of the time of this Service Visit. If you are not identified as the person requesting the repair, please attach Proof of Vehicle Ownership at the time of this Service Visit, as defined on the "Claim Form for First Request for Cash Payments/Vehicle Discount Certificates for Transmission Hardware Replacements."

If you would like to include other Service Visits with your claim at this time, please complete another form like this for each additional Transmission Hardware Replacement.

**Please send this completed form, and all supporting documentation, to the address set forth at the top of this form.
If the information or documentation you provide is incomplete, your claim may be rejected.**



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-------------------------	-------------------------	--	---