



# FVS

## CLAIM FORM FOR REIMBURSEMENT FOR CLUTCH REPLACEMENT

*Vargas v. Ford Motor Company*  
Class Action Settlement

### Background Information

Claim ID No. (from postcard notice)

First Name

M.I.

Last Name

Primary Address

Primary Address Continued

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

Email Address (optional)

—  —   
Area code Telephone number (home)

—  —   
Area code Telephone number (work)

Use this form to submit a claim under the Vargas Settlement for reimbursement for a clutch replacement if you can satisfy all of the following criteria:

1. Your Class Vehicle was manufactured after June 5, 2013;
2. A Ford dealer replaced the clutch (part number 7B546 Disc Asy-Clutch) in your Class Vehicle twice within the 5-year/60,000 mile powertrain warranty;
3. A Ford dealer performed appropriate diagnostic procedures and determined that a third clutch replacement was necessary; AND
4. You paid a Ford dealer to replace the clutch a third time within 7 years/100,000 miles of delivery of the Class Vehicle to the first retail customer, whichever occurs first.

**Please consult the Settlement Website ([www.fordtransmissionsettlement.com](http://www.fordtransmissionsettlement.com)) for updates regarding timing.**

Are you an employee of Ford Motor Company?  Yes  No

Are you an officer or director of a Ford Dealer?  Yes  No

Has Ford Motor Company already repurchased your Class Vehicle?  Yes  No

Have you signed and returned to Ford a release of your claims based on the PowerShift Transmission in your Class Vehicle?  Yes  No

Class Vehicle VIN:

Date you purchased or leased your Class Vehicle:  /  /

Do you still own or lease the Class Vehicle?  Yes  No

If no, on what date did you sell or return the vehicle?  /  /

If yes, current mileage on the Class Vehicle?



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
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**Clutch Replacements**

Please enter the date of the first Service Visit on which a Ford dealer replaced the clutch in your vehicle (part number 7B546 Disc Asy-Clutch):

□□ / □□ / □□□□

Please attach the service records for this Service Visit .

Please enter the date of the second Service Visit on which a Ford dealer replaced the clutch in your vehicle (part number 7B546 Disc Asy-Clutch):

□□ / □□ / □□□□

Please attach the service records for this Service Visit.

Please enter the date of the third Service Visit on which a Ford dealer replaced the clutch in your vehicle (part number 7B546 Disc Asy-Clutch):

□□ / □□ / □□□□

Please attach the service records for this Service Visit and any additional documentation required to establish the amount you paid to a Ford dealer for the parts and labor for the third clutch replacement.

**Proof of Vehicle Ownership At Time of Clutch Replacements**

Do all of the service records you submitted in support of this claim identify you as the person requesting the repairs?  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 repairs for which you seek reimbursement.

If you answered “no,” please attach one of the following sets of documents establishing that you owned or leased the vehicle at the time of all the repairs that form the basis for your claim:

- (1) submit (a) a vehicle title, vehicle purchase agreement, or vehicle lease agreement that identifies you as the vehicle owner, purchaser, or lessee at the time of the earliest Service Visit that forms the basis for your claim, AND (b) vehicle registration identifying you as the vehicle owner as of the date of the latest Service Visit that forms the basis for your claim (or as of a later date); OR
- (2) for every repair that forms the basis for your claim, submit 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 each repair.

**Affirmation**

I attest to and affirm under penalty of perjury that the information stated above is accurate to the best of my knowledge, that the documentation I have provided to support this claim is authentic, and that I actually owned or leased the Class Vehicle at the time of each Clutch Replacement on which this claim is based.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

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.

