

**Ford Explorer Settlement**  
c/o RicePoint Administration Inc.  
PO Box 4454, Toronto Station A  
25 The Esplanade  
Toronto ON M5W 4B1



**FPQ**

IMPORTANT: BEFORE FILLING OUT THIS CLAIM FORM, PLEASE READ IT AND THE ACCOMPANYING SHORT AND LONG FORM NOTICES CAREFULLY.

To be eligible for benefits under this Settlement, you must complete and submit this Claim Form to the Settlement Administrator within **the later of:**

**June 29, 2018 or**

**Two (2) months after the date that an authorized Ford dealer performed the exhaust odour repair for which you seek partial reimbursement.**

## 2011-2015 FORD EXPLORER EXHAUST ODOUR SETTLEMENT CLAIM FORM

### CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

M.I.

Last Name

<input type="text"/>
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Business Organization Name (if applicable)

<input type="text"/>
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Primary Address

<input type="text"/>
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Primary Address Continued

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

Province

Postal Code

<input type="text"/>
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Email Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone number (Home)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone number (Work)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone number (Cell)

Ford Explorer Model Year (Fill In One)  2011  2012  2013  2014  2015

Vehicle ID # (VIN)

<input type="text"/>
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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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**Identification of person signing this Claim Form**

I am or was the owner or the lessee of the Ford Explorer vehicle identified above. I am signing this Claim Form to seek partial reimbursement for repairs under the Canada- wide Ford Explorer Exhaust Odour Settlement.

**Warranty-Repair Owner or No-Warranty Repair Owner**

Reimbursement amounts under the Settlement differ depending on whether you are a “Warranty-Repair Owner” or “No-Warranty Repair Owner”.

I am a Warranty-Repair Owner because, while my Ford Explorer was under warranty and before October 14, 2017, I received a diagnosis of an exhaust odour issue in my Ford Explorer from an authorized Ford dealer.

I am a No-Warranty Repair Owner because I did not receive a diagnosis of an exhaust odour issue in my Ford Explorer while it was under warranty and before October 14, 2017.

**Required supporting documentation**

You are required to provide the following supporting documentation along with this Claim Form in order to receive partial reimbursement under the Settlement:

Proof of ownership or lease of your Ford Explorer at the time of the exhaust odour repair(s) for which you seek partial reimbursement (a copy of the vehicle registration certificate or lease agreement)

Proof that your Ford Explorer received one or more exhaust odour repairs from an authorized Ford dealer within the **later of (1) 4 years / 85,000 kilometres after your Ford Explorer was placed in service (whichever comes first) and (2) April 30, 2018**

Proof of the amounts you paid to an authorized Ford dealer for the exhaust odour repair(s)

**(If applicable)** Proof to show whether you are a Warranty Repair Owner (documentation showing a diagnosis or repair of an exhaust odour issue in your Ford Explorer prior to October 14, 2017)

**By signing and submitting this Claim Form, you certify that all of the foregoing information is true and correct**

Signature of Settlement Class Member: \_\_\_\_\_ Dated (YY/MM/DD): \_\_\_\_\_

Name of Settlement Class Member: \_\_\_\_\_

ALL CLAIM FORMS MUST BE SUBMITTED TO:

**Ford Explorer Settlement**  
c/o RicePoint Administration Inc.  
PO Box 4454, Toronto Station A  
25 The Esplanade  
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**PLEASE MAKE A COPY OF YOUR COMPLETED FORM AND ATTACHMENTS FOR YOUR RECORDS**

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.**

**Reminder Checklist:**

- 1. Please complete each section and sign the above declaration.
- 2. Remember to attach the required supporting documentation.
- 3. Keep a copy of your claim form and all supporting documentation for your records.
- 4. If you move, please send the Claims Administrator your new address.
- 5. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email within 60 days. Your Claim Form is not deemed fully filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 1-855-862-9078.

**Privacy Statement**

All information provided by the Claimant is collected, used, and retained by the Claims Administrator, Defense Counsel, Class Counsel and their agents pursuant to the Personal Information Protection and Electronic Documents Act (PIPEDA) for the purposes of administering the Settlement, including evaluating the Claimant’s eligibility status under the Settlement Agreement. The information provided by the Claimant is strictly private and confidential and will not be disclosed without the express written consent of the Claimant and an order of the Ontario and Quebec Courts.

“Class Counsel” is defined as Investigation Counsel PC of Toronto, Ontario and Siskinds Desmeules, senci of Quebec, Quebec.

“Defense Counsel” is defined as DMG Advocates LLP of Toronto, Ontario.

The “Claims Administrator” is defined as RicePoint Administration Inc. of London, Ontario.

