

CLAIM FORM

Unger v. Mercedes-Benz USA, LLC.
Los Angeles Superior Court Case No. BC396926

IN ORDER TO RECEIVE COMPENSATION UNDER THIS SETTLEMENT, THIS CLAIM FORM MUST BE SIGNED AND RETURNED TO THE CLAIMS ADMINISTRATOR, CPT GROUP, INC., AND BE POSTMARKED ON OR BEFORE OCTOBER 15, 2010.

1. CONTACT INFORMATION

Name
Address
City, State, Zip
Telephone
Email

2. PASSENGER VEHICLE INFORMATION:

Model year, Model and VIN

3. SECTION TO COMPETE

If you PURCHASED the vehicle, complete SECTION 4.

If you LEASED the vehicle, complete SECTION 5.

4. PURCHASE INFORMATION

The purchase price of the vehicle was \$ _____ (Exclude from the purchase price any amounts that were due from pay-off of a prior vehicle that were added or rolled into the purchase price of this vehicle.)

5. LEASE INFORMATION

The total of ALL payments due under the lease was or is \$ _____ (Exclude from the total any amounts that were due from pay-off of a prior vehicle that were added or rolled into the leased cost of this vehicle.)

6. CURRENT OWNERSHIP

If you currently own or possess the vehicle, check here:

If you do not currently own or possess the vehicle, check here:

7. SIGN AND DATE

I certify that the foregoing is true and correct to the best of my knowledge or recollection.

Dated: _____

(Signature)

PLEASE DO NOT SUBMIT THIS COPY.
PLEASE CALL CPT GROUP, INC. AT (888) 885-0290 TO REQUEST YOUR UNIQUE CLAIM FORM

PLEASE MAIL THIS CLAIM FORM IN THE ENVELOPE PROVIDED.

SEE REVERSE SIDE FOR OTHER INFORMATION.

IF YOUR MAILING ADDRESS CHANGES AFTER YOU MAIL IN THIS FORM, PLEASE PROVIDE THE UPDATED MAILING ADDRESS TO THE CLAIMS ADMINISTRATOR.

If you have any questions, please contact one of the following:

Claims Administrator: CPT Group, Inc. 16630 Aston Irvine, CA 92606 Telephone: (888) 885-0290 classmemberquestions@cptgroup.com www.cptgroup.com	Class Counsel: Mark L. Van Buskirk Westrup Klick, LLP 444 West Ocean Blvd., Suite 1614 Long Beach, CA 90802 Telephone: 1-888-268-6884 MVanBuskirk@wkalaw.com www.westrupklick.com
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