

**MUST BE POSTMARKED  
ON OR BEFORE  
SEPTEMBER 21, 2017  
OR  
JUNE 25, 2018**

**Porsche Windshield Settlement Administration  
c/o GCG  
PO Box 10311  
Dublin, OH 43017-5911  
Toll-Free: 1 (888) 371-9001**

PCW



**REQUIRED ADDRESS INFORMATION OR CORRECTIONS**

If the pre-printed address to the left is incorrect or out of date, **OR** if there is no pre-printed data to the left, **YOU MUST** provide your current name and address here:

Name:

Address:

City/State/ZIP:

**2007-2016 PORSCHE VEHICLES WINDSHIELD REFLECTION CLAIM FORM**

*Ed Chan v. Porsche Cars North America, Inc., Case No. 2:15-cv-02106-CCC (JBCx) (D.N.J.)*  
(consolidated with *Roy Jones, et. al. v. Porsche Cars North America, Inc., Case No. 2:16-cv-605-CCC (JBC)*)

**TO SUBMIT A CLAIM FOR REIMBURSEMENT OF MONEY SPENT TO LESSEN/MINIMIZE WINDSHIELD REFLECTION IN YOUR CLASS VEHICLE:**

- 1.) Complete all information below.
- 2.) You will have the best chance of having your claim approved if you provide complete information for all sections on the attached form and if you provide complete documentation supporting the out-of-pocket expenses you incurred to lessen or minimize Windshield Reflection/Glare. Where exact dates are not known, provide your best approximation.
- 3.) You **must** provide your name **and** contact information in the claim form. **Important:** Your claim will most likely be denied if you do not provide your vehicle's 17 digit Vehicle Identification Number (VIN).
- 4.) Attach the clearest and most legible copies of all documents you submit.
- 5.) All information is subject to verification by the Settlement Administrator and Porsche Cars North America, Inc.
- 6.) All Claim Forms **must** be signed.
- 7.) Submit the completed Claim Form and supporting documents to the Settlement Administrator listed below. Your Claim Form must be postmarked no later than September 21, 2017 for reimbursement for polarized sunglasses and no later than June 25, 2018 for all other reimbursement claims. Your Claim Form and all supporting documents must be sent by U.S. Mail, email, facsimile, Federal Express or other reputable courier service to:

Porsche Windshield Settlement Administration  
c/o GCG

PO Box 10311

Dublin, OH 43017-5911

Facsimile: 1 (855) 409-7131

Email: [submission@dashboardglareclassaction.com](mailto:submission@dashboardglareclassaction.com)

**SECTION I: CONTACT & VEHICLE OWNERSHIP OR LEASE INFORMATION**

Name (Last, First, Middle):

Your Address: (Number/Street/P.O. Box No.)

City:

State:

ZIP:

Telephone Number:

Email Address (If Applicable):

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Questions? Call the Settlement Administrator at 1 (888) 371-9001 Toll Free or Visit [www.DashboardGlareClassAction.com](http://www.DashboardGlareClassAction.com)

To view GCG's Privacy Notice, please visit [www.GardenCityGroup.com/privacy](http://www.GardenCityGroup.com/privacy)





**SECTION II: CLAIM INFORMATION**

A) What type of claim are you submitting? (Please check **one** box only)

**1. Current Owner or Lessee of a 2011-2016 model year Class Vehicle**

I am a current owner or lessee of a 2011-2016 model year Class Vehicle. I am submitting a claim for reimbursement of out-of-pocket expenses that I incurred to lessen or minimize Windshield Reflection/Glare.

**2. Current Owner or Lessee of a 2007-2010 model year Class Vehicle**

I am a current owner or lessee of a 2007-2010 model year Class Vehicle. I am submitting a claim for reimbursement of out-of-pocket expenses that I incurred to lessen or minimize Windshield Reflection/Glare.

**3. Former Owner or Lessee of a 2007-2016 model year Class Vehicle**

I am a former owner or lessee of a 2007-2016 model year Class Vehicle. I am submitting a claim for reimbursement of out-of-pocket expenses that I incurred to lessen or minimize Windshield Reflection/Glare.

B) If you checked any of the **boxes in Section II, above**, please provide the following:

Date Expenses Incurred:  /  /

Describe what you purchased to lessen or minimize Windshield Reflection/Glare?

Out-of-pocket costs incurred by me to lessen or minimize Windshield Reflection/Glare:

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**SECTION III: DOCUMENTS**

**Attach to this form the clearest and most legible copies of the following documents and check the corresponding boxes at the end of each description:**

- 1) Proof of payment, which may include receipts, invoices, repair orders, credit card statements, cancelled checks, and other records of expenses paid out-of-pocket to lessen or minimize Windshield Reflection/Glare.
- 2) Proof that you owned or leased the Class Vehicle when the out-of-pocket expenses were incurred to lessen or minimize Windshield Reflection/Glare, such as DMV registration documents or insurance company statements.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

The Court will hold a Settlement Fairness hearing on October 6, 2017 at 10:00am, to decide whether to approve the settlement. If approved, there may be appeals which could delay resolution of your claim. The time frame for reimbursements will depend on the outcome of these proceedings, and therefore, reimbursements may take time. For more information regarding the status of the proceedings or appeals process, please call 1 (888) 371-9001 or visit [www.dashboardglareclassaction.com](http://www.dashboardglareclassaction.com).

