

Suzuki Customer Claim Form

FOR NCDS USE

CASE NUMBER:

CUSTOMER NAME AND ADDRESS

Mr. Mrs. Ms.

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Day Phone (_____) Evening Phone (_____) Fax (_____)

VEHICLE INFORMATION

Name(s) on the vehicle title: _____ Delivery Date: ____ / ____ / ____

Vehicle Identification Number (VIN): _____

Make: _____ Model: _____ Year: _____ Current Mileage: _____

Is this a leased vehicle: YES NO

If YES, lessor's name and address: _____

Selling Dealer and Address: _____

Servicing Dealer(s) _____

VEHICLE PROBLEM(S) (Attach legible copies of repair orders or other documents to support your claim)

Problem	List dealer or dealers which have repaired or attempted to repair (list city and state)	List the date, mileage, and repair order number for each repair	Does the problem currently exist?
Example: Check Engine Light On	Autoworld Anytown, USA	04/25/07 3,500 miles RO# 586004	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Has the Vehicle been involved in an accident? YES NO

If YES, give dates of accident: _____

Specify damaged area: _____

RESOLUTION SOUGHT:

I PREFER ORAL HEARING DOCUMENT ONLY HEARING

RETURN ALL COPIES OF THIS FORM TO:
National Center for Dispute Settlement
P.O. Box 609
Mt. Clemens, MI 48046
(888) 571-1837

X _____
SIGNATURE(S) DATE