

Mazda Valve Stem Seal Settlement Claim Form for Qualifying Low Oil Concerns with Oil Change or Oil Refilling

If you submit a valid Claim Form and accompanying Proof of Oil Change Expense as a result of low oil concerns or Additional Engine Oil Purchase related to the eligible, specific VIN (Vehicle Identification Number) to claim reimbursement available under, and in the manner provided by, the terms of this Settlement by **October 19, 2024**, you will receive a Claim Payment. This deadline is unlikely to, but could, change, so please visit the Settlement Website for the most updated information on the deadline to submit a claim. You can submit a Claim Form on the Settlement Website at www.MazdaValveStemSealSettlement.com or by mailing a Claim Form to: Mazda Valve Stem Seal Settlement, PO Box 91414, Seattle, WA 98111. See the instructions for additional details.

If you wish to make a claim for more than one vehicle, please use a separate Claim Form for each vehicle.

I. CONTACT INFORMATION

Full Name

Mailing Address – Line 1

Mailing Address – Line 2 (If Applicable)

City

State

Zip Code

Telephone Number

Email Address

II. VEHICLE INFORMATION

Vehicle Identification Number (VIN)

Vehicle Model

Vehicle Model Year

III. OIL CHANGE/OIL REFILL INFORMATION

Please complete the details below for all oil change and/or oil refill events for which you are claiming reimbursement. Proof of Oil Change Expense or Additional Engine Oil Purchase, specific to the eligible VIN, is required for all claimed oil change and/or oil refill events. Detailed information concerning the required types of documentation is provided in the instructions on page 3 of this Claim Form.

Date of Oil Change/Oil Refill	Mileage at time of service	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Oil Change/Oil Refill	Mileage at time of service	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Oil Change/Oil Refill	Mileage at time of service	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>

IV. PAYMENT ELECTION

You may elect to receive your payment by check or electronic payment. Please choose one. If you do not make a selection, and your claim is approved, your settlement benefit will be issued by check.

Paper Check by Mail

Virtual Debit Card

Email Address for Virtual Debit Card: _____

V. CERTIFICATION

By signing this form, I attest under penalty of perjury that:

1. I am a Settlement Class Member.
2. The documents I have submitted in support of this claim are true and accurate copies and reflect oil changes and/or oil refill purchases associated with the claimed vehicle after the low engine oil light illuminated in my vehicle or other indications that my oil was low (e.g., MyMazda app alerts) before the regular oil change interval of 7,500 miles or 1 year.
3. The information provided in this Claim Form is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Mazda Valve Stem Seal Settlement:

Instructions for claiming reimbursement for Qualifying Oil Changes or Oil Refilling

You can only file a claim if you are a Class Member. You are a Class Member if you fit the following description and do not opt out of the Settlement:

All persons or entities in the United States who are current or former owners and/or lessees of a 2021-2022 Mazda CX-30, 2021 CX-5, 2021 CX-9, 2021-2022 Mazda3, and 2021 Mazda6 vehicle equipped with 2.5L turbocharged engines within the defined VIN range.

To check whether your vehicle is included in the Settlement Class, visit the VIN Lookup page on the Settlement Website at www.MazdaValveStemSealSettlement.com and enter your Vehicle Identification Number (VIN). You may also contact the Claim Administrator by email or phone at info@MazdaValveStemSealSettlement.com or 1-877-231-0642.

Supporting documentation is required for ALL claims. Your claim must include Proof of Oil Change Expense or Additional Engine Oil Purchase specific to the eligible VIN as defined in the Settlement Agreement. This may take the form of an original (or legible copies) of oil change or engine oil purchase invoices, repair orders (“ROs”), receipts or similar records identifying the date and price of each claimed oil change and/or purchase of replacement oil. For any questions related to completing this Claim Form or the documentation required to support your claim, please contact the Claim Administrator at info@MazdaValveStemSealSettlement.com or 877-231-0642.

The deadline to file a claim for reimbursement is October 19, 2024. All claims must be submitted online or postmarked on or before this date or they will not be considered. You must complete all sections of the Claim Form and sign the certification to complete your claim submission. For faster processing, please submit your claim online at www.MazdaValveStemSealSettlement.com.