

# Customer Claim Form

# LEXUS

**FOR NCDS USE**

CASE NUMBER: \_\_\_\_\_

## CUSTOMER NAME AND ADDRESS

Mr. First name: \_\_\_\_\_ MI \_\_\_\_\_ Last name: \_\_\_\_\_

Mrs. Street address: \_\_\_\_\_

Ms. \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Fax \_\_\_\_\_

## VEHICLE INFORMATION

Name(s) that appears on the vehicle title: \_\_\_\_\_

<b>If vehicle is used for business:</b>	What percentage of time is vehicle Used for business purposes? _____ %	How many other vehicles are owned or leased by the business? _____
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Is this a leased vehicle: Yes  No  Delivery Date: / /

If yes, lessor's name and address: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Current mileage: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Selling dealer and address: \_\_\_\_\_

Dominant Servicing Dealer: \_\_\_\_\_

## VEHICLE PROBLEM(S) (Attach legible copies of applicable repair orders or other documents that support your complaint)

Problem	List dealer(s) which have repaired or attempted repair (include city & state).	List the date, mileage, and repair order number for each repair attempt.	Does the problem currently exist? (Circle)	
Example: A/C won't cool properly	Autoworld, Inc Anytown, VA	4/23/99 3,500 miles #B73540	Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

**Has the vehicle been involved in an accident?**  YES  NO

If YES, give date of accident: \_\_\_\_\_ Specify damaged area: \_\_\_\_\_

**Resolution Sought:**

\_\_\_\_\_

\_\_\_\_\_

**X** \_\_\_\_\_

SIGNATURE(S) DATE

**Return all copies of this form to:**

**National Center for Dispute Settlement**  
**P. O. Box 457**  
**Mt. Clemens, MI 48046**