

# 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