

Select One Below:Documents Only Hearing In Person Oral Hearing **Lexus
Customer Claim Form****FOR NCDS USE**

CASE NUMBER:

CUSTOMER NAME AND ADDRESS

<input type="checkbox"/> Mr.	First name _____	MI _____	Last name _____
<input type="checkbox"/> Mrs.	Street address _____		
<input type="checkbox"/> Ms.	_____		
	City _____	State _____	Zip Code _____
Day phone _____	Evening phone _____	Email _____	

VEHICLE INFORMATION

Name(s) that appears on the vehicle title: _____			
Is this a leased vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/>		Delivery Date: / /	
Was this vehicle purchased used? Yes <input type="checkbox"/> No <input type="checkbox"/> Is vehicle used by a business? Yes <input type="checkbox"/> No <input type="checkbox"/> % of use _____			
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:Repurchase Replacement Repair Reimbursement **Return all copies of this form to:**

National Center for Dispute Settlement
P.O. Box 457
Mt. Clemens, MI 48046
(or email to: info@ncdsusa.org)

X _____

SIGNATURE(S)

DATE