

**Select One Below:**

- Documents Only Hearing
- In Person Oral Hearing
- Teleconference

**Fisker Group Inc.  
CDSP-Customer Claim Form**

**FOR CDSP 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 \_\_\_\_\_ Email \_\_\_\_\_

**VEHICLE INFORMATION**

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

Is this a leased vehicle: Yes  No  Delivery Date: \_\_\_\_\_

Was this vehicle purchased used? Yes  No  Is vehicle used by a business? Yes  No  % of use \_\_\_\_\_

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

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

Purchase/lease location: \_\_\_\_\_

Service Center location: \_\_\_\_\_

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

Problem	List service center(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	4/23/19 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:**

**California Dispute Settlement Program**  
**P.O. Box 515811**  
**Dallas, TX 75251-5811**  
**(or email to: info@ncdsusa.org)**

**X** \_\_\_\_\_  
 SIGNATURE(S) DATE