

Select One Below:

- Documents Only Hearing
- In Person Oral Hearing
- Teleconference

**Fisker Group Inc.
Customer Claim Form**

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 _____ 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:

National Center for Dispute Settlement
P.O. Box 515811
Dallas, TX 75251-5811
(or email to: info@ncdsusa.org)

X _____
 SIGNATURE(S) DATE