

**Select One Below:**

- Documents Only Hearing   
 In Person Oral Hearing   
 Teleconference

**MINI USA, a division of BMW of North  
 America, LLC  
 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 515315  
 Dallas, TX 75251-5315  
 (or email to: [info@ncdsusa.org](mailto:info@ncdsusa.org))

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