

**Select One Below:**

- Documents Only Hearing
- In Person Oral Hearing
- Teleconference

**Rolls-Royce Motor Cars NA, LLC.  
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: _____   |              |                      |                        |
| 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:<br>A/C won't cool properly | Autoworld, Inc<br>Anytown, VA  | 4/23/19    3,500 miles<br>#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 <input type="checkbox"/> | Replacement <input type="checkbox"/>   |
| Repair <input type="checkbox"/>     | Reimbursement <input type="checkbox"/> |

**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)**

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