### **REIMBURSEMENT PLAN**

## **Requirements for Reimbursement**

If you meet all of the following requirements, you are eligible to receive reimbursement under this plan:

- An authorized Mazda dealer has inspected your vehicle and completed the 2004 Mazda3 Crash Zone Sensor Recall 2304J.
- 2. You own or have owned a subject 2004 Mazda3 within the VIN range:

JM1BK\*\*\*\* 41 100088 -169916

Note: The asterisk "\*" can be any number or letter.

- 3. You have paid for the inspection/repair or replacement of the crash zone sensor due to a defect in the sensor.
- 4. You have an original or legible copy of the paid repair order or invoice receipt showing:
  - Description of the concern reported
  - Inspection/Repair or replacement of the crash zone sensor due to a defect in the sensor
  - Itemized part(s) and labor charges
  - · Vehicle model and year, and vehicle identification number
  - Repair date
  - Repair mileage
  - Name, address, and telephone number of the authorized Mazda Dealer or a licensed repair shop where such repairs were performed
  - Your name and address at the time of repair
- 5. Mail this reimbursement application form in the enclosed envelope to:

Mazda North American Operations PO Box 5049 Lake Forest, CA 92609-8549

#### **Procedure for Reimbursement Request**

Once your vehicle has been inspected, repaired or the crash zone sensor replaced by an authorized Mazda dealer due to a defect in the crash zone sensor, you may apply for reimbursement by doing the following:

- 1. Complete the Reimbursement Application Form found on the reverse side of this page.
- 2. Mail the Reimbursement Application Form with a <u>legible</u> copy of the paid repair order and/or invoice using the enclosed envelope.
- 3. **Retain copies** of the paid repair order or invoice and this application form for your records.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Any reimbursement application form that is incomplete, illegible, or sent without the legible copy of the paid repair order or invoice will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted. Please allow 6-8 weeks for processing.

(SEE REVERSE SIDE FOR APPLICATION FORM)

## REIMBURSEMENT APPLICATION FORM

# 2004 Mazda3 Crash Zone Sensor Recall 2304J

•	(Please type or print)				
	Name:		1 1		
		First	Middle	Last	
	Address:				
	Street Address				
			]		
		City	State	Zip Code	_
	Phone Number:	Home:			
		Work:			
	Vehicle Identification Number (VIN):  (17 digits in length)				_
	Total Amount of Reimbursement Requested:				
	Total Amount of Ne	mbursement Nequested.	Do	lars Cents	
	INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:  • Please read thoroughly				
	Fill in vehicle identification number				
		Sign the G	eneral Release (b	pelow)	
		Gen	eral Release	)	
				ursement for all inspection, cone sensor. The vehicle ide	
	VIN:				<del>_</del>
all claims for North Ameri their respect	r such inspection can Operations, i tive directors, off	/repair costs. This rel ts regions/distributors	ease shall benef s (foreign and do ees, divisions, s	zda, its agents, and its rel it Mazda and its authorized omestic), its authorized de ubsidiaries, and affiliated o	d agent Mazda alerships, and a
	Dated:	Sid	aned:		