CLAIM FORM INSTRUCTIONS

Hino Emissions Class Action Settlement

INSTRUCTIONS FOR COMPLETING THIS CLAIM FORM

Before filling out this Claim Form, please carefully read the instructions below and the full Notice available at <u>HinoUSASettlement.com</u>. Although you may complete and return this Claim Form by mail, the fastest way to submit a claim is online at <u>HinoUSASettlement.com</u>.

If you have questions about this Claim Form, please visit the Settlement Website for additional information. You may also contact the Settlement Administrator at 1-888-256-6150 or email info@HinoUSASettlement.com with your questions.

To complete your Claim Form, you must include the following:

- 1. <u>Claim Information</u>: Please neatly print or type all information requested on the Claim Form. If you received a Postcard or Email Notice with a Unique ID, please include it in Section I (*Vehicle Owner/Leaseholder Information*) of the Claim Form.
 - Please submit only one Claim Form per Vehicle Identification Number (VIN). If you need to file claims for more than 10 vehicles, please <u>do not</u> use this Claim Form. Instead, contact <u>info@HinoUSASettlement.com</u> for assistance in filing your claim.
- 2. <u>Documentation</u>: If you received a Postcard or Email Notice with a Unique ID and provide that Unique ID on this Claim Form, you do <u>not</u> need to provide any documentation at this time. If you do not have a Unique ID, or if the Settlement Administrator is unable to verify the information in your claim, the Settlement Administrator may contact you to request supporting documentation at a later date. You may need to provide documentation to show your ownership or lease of the vehicle, such as vehicle title, registration, purchase agreement, lease agreement, insurance documentation, or other documentation showing both your name and the Vehicle Identification Number (VIN).
- 3. <u>Claim Submission</u>: The fastest way to submit a claim is online at <u>HinoUSASettlement.com</u>. Your electronic claim must be **submitted by June 17, 2024**. If you submit a paper Claim Form, it must be **postmarked or emailed no later than June 17, 2024** and addressed to:

Hino USA Settlement c/o JND Legal Administration PO Box 91473 Seattle, WA 98111 info@HinoUSASettlement.com

This schedule may change, so please visit the Settlement Website regularly for updates.

<u>Claim Verification</u>: All claims are subject to verification. The Settlement Administrator will contact you if additional information or documentation is needed to verify your claim. Failure to complete all parts of the Claim Form, including any subsequent request for supporting documentation, may result in denial of your Claim, delay its processing, or otherwise adversely affect the Claim.

<u>Assistance</u>: If you have questions concerning this Claim Form or need additional copies, please contact the Settlement Administrator at Hino USA Settlement, c/o JND Legal Administration, PO Box 91473, Seattle, WA 98111, via email at info@HinoUSASettlement.com, or by calling 1-888-256-6150.

PLEASE KEEP A COPY OF YOUR CLAIM FORM FOR YOUR RECORDS.

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If you have more than one eligible vehicle, you must submit a <u>separate</u> Claim Form for each vehicle. If you need to file Claims for more than 10 vehicles, please do not use this Claim Form. Instead, please contact info@HinoUSASettlement.com for assistance in filing your Claim.

I. VEHICLE OWNER/LEASEHOLDER INFORMATION

Please provide your name and contact information below. Communications concerning this Claim will be directed to the contact information you provide below. You must notify the Settlement Administrator if your contact information changes after your Claim is submitted.

| | T | T | | | | |
|---|---|---------------------|------------|---------|----------------------------|-----|
| Primary Owner/Lessee First Name | MI | Last Name | | | | |
| | | | | | | |
| Company Name (if the vehicle was owned or leased by a | a compan | /) | | | | |
| | | | | | | |
| Title (if submitting on behalf of a company) | | | | | | |
| | | | | | | |
| Address 1 | | | | | | |
| Address | | | | | | |
| | | | | | | |
| Address 2 | | | | | | |
| | T | T | | | | |
| City | State | | ZIP Code | Э | | |
| | | | | | | |
| Email Phone Number | | | | | | |
| | | | | | | |
| Unique ID* | <u> </u> | | | | | |
| | | | | | | |
| *The Unique ID is listed in your Postered or Email Nation | oo If you | mianlaged the | at Notice | nloos | as sontast the Sattlen | |
| *The Unique ID is listed in your Postcard or Email Notice. If you misplaced that Notice, please contact the Settlement Administrator. If you do not have a Unique ID, you may leave this field blank. | | | | | | |
| | | | | | | |
| II. VEHICL | E INFOF | RMATION | | | | |
| Vehicle Identification Number | | | | | | |
| <u> </u> | Numahan | (\ /\\\\)* of \(\c) | الطنوناء س | نطمير م | iala halaw If way h | |
| Please neatly print or type the Vehicle Identification more than one eligible vehicle, you must submit | | | | | | ave |
| | | | | I . | 1 | |
| | | | | | | |
| *VINs are 17 characters in length and do not include the le | etters I O | or O | | | | |
| | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | , o. Q. | | | | |
| Ownership Type | | | | | | |
| Did you own or lease the vehicle at any point on or before October 30, 2023? | | | | | | |
| ☐ Yes / ☐ No | | | | | | |

CLAIM FORM

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| | did you own or lease the Dwn / ☐ Lease | ne vehicle? | | | |
|--|---|--|--|--|--|
| Did | | the vehicle new or used? | | | |
| | you still possess the vo | ehicle? | | | |
| If you no longer possess the vehicle, did you own or lease the vehicle for more than six months? \square Yes / \square No | | | | | |
| | | III. PAYMENT METHOD | | | |
| requ | | d payment method for your claim. If you do not make an election and provide the hone number for an electronic payment, or if you elect more than one option, your ck. | | | |
| | Virtual Debit Card | Virtual Debit Card Email: | | | |
| | PayPal | PayPal Email: | | | |
| | Venmo | Venmo Phone Number: | | | |
| | Paper Check by Mail | | | | |
| | | IV. CERTIFICATION | | | |
| and | belief. I understand that | on that I supplied in this Claim Form is true and correct to the best of my knowledge the information I submit in this Claim Form is subject to verification and the Settlement to me for further information or documentation to verify my Claim. | | | |
| Sign | ature of Primary Owner/Le | Date Date | | | |
| Print | ed Name | | | | |
| Title | (if submitting on behalf of | a company) | | | |

Company (if submitting on behalf of a company)