

## **Settlement Fund Claim Form**

NYC Department of Consumer and Worker Protection (DCWP) settled its claim against Brooklyn Mitsubishi and Brooklyn Volkswagen<sup>1</sup> for deceptive trade practices. As part of the settlement, eligible consumers may receive restitution. Please complete the form and our team will review your request.

Name:		
Mailing Address:		
Email Address:		
Phone Number:		
Preferred Method of Contact:	☐ Email ☐ Phone and/or Mail	
Place of Used Car Purchase:	☐ Brooklyn Mitsubishi ☐ Brooklyn Volkswagen	
Year/Make/Model of Purchase:		
Date of Purchase: Note: Must be between January 1, 2018 and June 28, 2022.		
I will submit a copy of:	☐ Bill of sale	
	Retail installment contract	
	Important: You must submit the document(s) to be eligible for the Fund.	
Please select at least one of the following statements and provide proof:		
☐ I was charged more than the advertised price for the vehicle. <i>Please attach proof of advertised price, if any.</i>		
☐ I had a problem related to a vehicle service contract (extended warranty) or add-on product. <i>Examples</i> : Dealer claimed my service contract was required for purchase; I was unable to cancel my service contract; or I was deceived about the service contract terms. <i>Please explain in Notes section on page 2</i> .		
☐ My vehicle was not roadworthy (i.e., would not operate or was dangerous to operate) within 30 days of my purchase. <i>Please attach proof of estimates/costs for repairs whether paid or unpaid.</i>		

<sup>&</sup>lt;sup>1</sup> Kings Autoshow Inc. d/b/a Brooklyn Mitsubishi (License No. 1077788-DCA), Kings Autoshow II Inc. d/b/a Brooklyn Mitsubishi Pre-Owned (License No. 1170293-DCA), and Grand Auto Group LLC d/b/a Brooklyn Volkswagen (License No. 2103193-DCA).



Did you receive a for the purchase		reimbursement (e.g., proceeds from a lawsuit)
☐ Yes ☐	No	
If yes, provide doo	umentation (e.g., refund receip	t) showing the amount you received.
	n. Provide details on whether yo	act, add-on products, or any additional information to ou canceled or tried to cancel the vehicle service
<ul> <li>All the inform</li> <li>I understand</li> <li>DCWP cannot suffering."</li> <li>I understand mailing add</li> </ul>	If that the amount of restitution in that the amount of restitution for insural that DCWP will send any paymess I provided.	
Print Name		Date
	sion Instructions: ompleted form and supporting of NYC Department of Consun Attn: Shannon Bermingham 42 Broadway, 9 <sup>th</sup> Floor	•

OR

• Email to: <u>ConsumerRestitution@dcwp.nyc.gov</u>

New York, NY 10004

Claims will be reviewed and paid in the order they are received until the Fund is exhausted or until the deadline of **December 28, 2022**. If you have questions, please call **212-436-0333**.