

SETTLEMENT

DECLARATION OF NON-RECEIPT OF NOTIFICATION OF SERVICE ACTION 60E2 APPLICABLE TO 2018 AND 2019 VOLKSWAGEN ATLAS AND ATLAS CROSS SPORT SETTLEMENT CLASS VEHICLE

Your Full Name and Address: _____

Vehicle Identification Number (VIN, on your registration): _____

Date of Repair for Which Reimbursement is Requested: _____

I hereby state the following, under penalty of perjury:

I did not have Service Action 60E2 performed on my Settlement Class Vehicle prior to the Covered Repair for which I am seeking reimbursement because, as of that date, I had not received any notification of, nor was I in any way informed of, the availability of Service Action 60E2 for my vehicle.

All of the information stated in this Declaration is true and correct to the best of my knowledge and belief, and this document is signed under penalty of perjury.

Signature of Primary Owner/Lessee

Date:

MM / DD / YYYY

Signature of Secondary Owner/Lessee (if applicable)

Date:

MM / DD / YYYY