

PCNA Fuel Pump Filter Flange Recall

C/O GCG

P.O. Box 10597

Dublin, Ohio 43017-7297

Toll Free: (888) 296-0880

PPF



REQUIRED ADDRESS INFORMATION OR CORRECTIONS

If the pre-printed address to the left is incorrect or out of date, **OR** if there is no pre-printed data to the left, **YOU MUST** provide your current name and address here:

Name:

Address:

City/State/Zip:

PORSCHE AH10 RECALL FILTER FLANGE CLAIM FORM

In Re: Porsche Cars North America, Inc. AH10 Recall - Replacing Filter Flange of Fuel Pump

Please note, if you have previously incurred any expense in relation to the filter flange of the fuel pump, you may be eligible for reimbursement. If you are the current owner of this vehicle, please be sure to have the AH10 repair completed before submitting for reimbursement of previous repairs. Please send all previous invoices and related information to the provided address below, paying attention to the following points:

1. Please provide as complete information in the sections below as possible. Without a name, contact information and Vehicle Identification Number (VIN), your claim will most likely be rejected. Where exact dates aren't known, please provide your best approximation.
2. If you are the current owner, please provide date the AH10 Recall Repair was performed.

Repair Date: (mm/dd/yyyy)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Attach the clearest and most legible copies of all documents you submit.
4. All information is subject to verification by the Claims Administrator and Porsche Cars North America, INC.
5. Please submit the completed form and supporting documents to the Claims Administrator listed below.

You must submit the Claim Form and all supporting documents by email, U.S. Mail, or other reputable courier service postmarked to:

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P.O. Box 10597

Dublin, Ohio 43017-7297

Toll Free: (888) 296-0880

Email: Questions@FilterFlangeRecall.com



QUESTIONS? VISIT WWW.FILTERFLANGERECALL.COM OR CALL TOLL-FREE (888) 296-0880

To view GCG's Privacy Notice, please visit <http://www.choosegcg.com/privacy>



SECTION I: CONTACT & VEHICLE INFORMATION

Name:

Your Address:

City:

State:

Zip:

Telephone Number:

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Email Address (if applicable):

Vehicle Identification Number (VIN):

Vehicle Model & Type:

Current Owner/Lessee?

 Yes No

If you are the current owner/lessee, how long have you owned your vehicle?

 Years

If you are not the current Owner/Lessee:

Date sold/transferred:

 / /

Name, address, phone number & email of buyer/new owner or leasing company (provide as much information as possible):

Did you purchase your vehicle New or Used?

 New Used

If you purchased or leased your vehicle NEW:

Date of purchase or lease:

 / /

Name & location of Porsche dealership where the vehicle was purchased or leased from:



If you purchased your vehicle USED:

Date of purchase:

Mileage at time of purchase:

/ /

Did you purchase or lease your used vehicle from a Porsche dealership?:

Yes **No**

If YES, did you have your vehicle's fuel pump filter flange repaired under that ACPO limited warranty?:

Yes **No**

State the name & location of business or person from which or from whom you purchased or leased your used vehicle:

SECTION II: CLAIM INFORMATION

1) Reimbursement For a Past Fuel Pump Filter Flange Repair

The fuel pump filter flange of my vehicle was repaired before September 19, 2017, and I incurred out-of-pocket expenses for that repair. I am submitting a claim for reimbursement of my out-of-pocket expenses.

2) If you checked the box above, please provide the following:

Repair Date:

Out of pocket cost:

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Name & address of repair facility:

Repair document number and total charges listed for fuel pump filter flange repair:



SECTION III: DOCUMENTS

Attach to this form the clearest and most legible copies of the following documents and check the corresponding boxes at the end of each description:

- 1. The repair order and/or other repair documents that identify the vehicle identification number (VIN), the mileage, the reason the fuel pump filter flange was repaired/replaced, and the model and year of the Porsche vehicle. Multiple documents for the same repair may be used to provide this information.
- 2. Proof of payment, which may include receipts, invoices, credit card slips, cancelled checks and other records of expenses paid out-of-pocket for the filter flange repair.
- 3. Proof that you owned or leased the vehicle at the time of the filter flange repair such as DMV registration documents or insurance company statements.
- 4. For Approved Certified Pre-Owned (ACPO) vehicles only, proof of purchase of the vehicle with a Porsche ACPO Limited Warranty.

IMPORTANT: If you are unable to provide documents for any of the categories required in (1) - (4) above, you may still make a claim by **providing in the space below** a description with as much detail as possible identifying what those missing documents are, the information contained therein, and the names and contact information for persons or organizations who you contacted for such documents.

Description of Any Missing Documents:

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signed:

Date:

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