

## Claim Form

### QUEBEC CLASS ACTION SETTLEMENT - AUDI PODS CLASS ACTION

#### INSTRUCTIONS – TERMS AND CONDITIONS

**PLEASE READ THESE TERMS AND CONDITIONS CAREFULLY TO DETERMINE IF YOU QUALIFY UNDER THIS SETTLEMENT.**

#### **WHO IS ELIGIBLE TO MAKE A CLAIM**

1. Class Members, defined as: All persons in Quebec who purchased and/or leased before May 31, 2021, one or more of the following Audi vehicles recalled under Transport Canada Recall # 2021-169 because of the defective Passenger Occupant Detection System (“**PODS**”) manufactured, distributed, supplied, wholesaled and/or imported by Audi:

- Audi A3 (model years 2016 to 2020)
- Audi A3 E-TRON (model years 2016 to 2018)
- Audi RS3 (model years 2018 to 2020)
- Audi S3 (model years 2016 to 2020)

(the “**Vehicles**”)

2. Specifically excluded from the definition of Class Members are all persons who timely and validly requested exclusion (opt out) from the class action settlement.

#### **HOW TO MAKE A CLAIM**

3. In order to make a valid claim, you must submit a valid Claim Form on the settlement website <https://quebecpodsettlement.com/claim/> by **June 22, 2024** attesting that you purchased or leased a Vehicle before May 31, 2021, and provide the following information:
  - i. Your personal information and contact information;
  - ii. The relevant information identifying your Vehicle (VIN if available, model year, etc.);
  - iii. The proof of purchase or lease;

- iv. A confirmation that the recall has been or has not been executed (if the recall has not been done, it must be executed promptly);
- v. The approximate date (month/year) at which the PODS issue first occurred;
- vi. The following affirmation: *I understand that my Claim and information provided will be subject to verification. By submitting this Claim Form, I affirm under penalty of perjury that the information it contains is accurate;*
- vii. A completed Claim Form attesting that:
  - a. The Class Member drove with a passenger (weighing more than 80 pounds) in the back seat because the front seat could not be used pursuant to the Recall letter because of the PODS issue;
  - b. An indication of the approximate number of days on average, per month, the Class Member drove their Vehicle with a passenger weighing more than 80 pounds in the backseat, by selecting:
    - i. Between 0-14 days per month; or
    - ii. Between 15-31 days per month;
  - c. A confirmation that you were not offered a loaner vehicle by an Audi/Volkswagen dealership for the entire period;

4. **Only one claim can be accepted per Vehicle.**

5. If you wish to claim, you may choose one of the following forms of payment:

- a. If you **still own or lease** your Vehicle on the date that your claim is submitted: A credit of \$75.00 or \$150.00 per month (**for up to a maximum of 12 months and \$1,800.00**), depending on how many days on average per month you drove your Vehicle with a passenger weighing more than 80 pounds in the backseat because of the PODS issue; **OR**
- b. If you **no longer** own or lease your Vehicle on the date that your claim is submitted: A cash payment (by Interac e-transfer or cheque) of \$75.00 or \$150.00 for each month (**for up to a maximum of 12 months and \$1,800.00**), depending on how many days on average per month you drove your Vehicle

with a passenger weighing more than 80 pounds in the backseat because of the PODS issue.

If a Class Member is eligible to receive a compensation, the exact amount of this compensation will be determined by the Claim Administrator based on the information provided in the Claim Form.

6. The Claim Form must be submitted electronically (or signed if submitted by paper) attesting that the information provided is true and accurate.
7. The Claim Form must be submitted online via the settlement website [www.quebecpodssettlement.com](http://www.quebecpodssettlement.com) on or before **June 22, 2024**.
8. Within approximately four (4) months of **June 22, 2024**, the Class Members whose claims were accepted by the Claims Administrator will receive the funds they are entitled to, as outlined above.
  - a. For Class Members who are eligible to receive a credit, they will receive a letter by email to the email address provided in the Claim Form or, if none is provided, by regular mail to the mailing address provided in the Claim Form.
  - b. For the Class Members who are eligible to receive a cash payment, they will receive this amount either electronically via Interac e-transfer to the email address provided in the Claim Form, or by mailed cheque to the mailing address indicated in the Claim Form.
9. Any electronic Interac e-transfers issued to Class Members under this settlement will remain valid for **thirty (30) days**. Any cheques issued to Class Members under this Settlement will remain valid for **six (6) months** from their issuance. No cheques can be cashed after that time and will not be replaced.
10. If you are a Class Member and you do not submit a timely and valid Claim Form in accordance with these instructions, you will not be eligible to receive compensation and you will remain subject to the releases in the Settlement Agreement.
11. Duplicate, invalid, illegible, or incomplete Claim Forms will not be honoured. Lost, late, or misdirected Claim Forms are not the responsibility of Defendants, Class Counsel or the Claims Administrator and will be invalidated.
12. Keep copies for your records.

**DEFENDANTS ARE NOT RESPONSIBLE FOR THE ADMINISTRATION OF THE SETTLEMENT OR THE DISTRIBUTION OF THE AMOUNTS MADE AVAILABLE UNDER THE SETTLEMENT. PLEASE CONTACT CLASS COUNSEL OR THE CLAIMS ADMINISTRATOR – NOT THE COURT OR DEFENDANTS’ COUNSEL – FOR FURTHER INFORMATION. YOUR**

**NAME AND ANY INFORMATION PROVIDED TO CLASS COUNSEL WILL BE KEPT CONFIDENTIAL.**

For faster processing, please complete and submit this Claim Form online on the settlement website [www.quebecpodssettlement.com](http://www.quebecpodssettlement.com). Alternatively, you can mail this completed form to: Velvet Payments Inc. 5900 Andover ave., Suite 1, Montreal, Quebec, H4T 1H5.

**CLAIM FORM**

**QUEBEC CLASS ACTION SETTLEMENT - AUDI PODS CLASS ACTION**

To seek compensation in the above-described settlement, please provide all of the following information, failing which your claim may be rejected.

Any credit that is provided in response to your claim will be detailed in a letter sent to you by the Claims Administrator by email to the email address provided in this Claim Form or by mail if you do not have an email address.

Any monetary compensation that is provided in response to your claim will be sent via Interac e-transfer to the e-mail address you provide, or by mail to the physical address you provide if you do not have an email address.

**1. General Information**

<b>Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Province:</b>	
<b>Postal Code:</b>	
<b>Phone number:</b>	
<b>E-mail:</b>	
<b>Model of your Vehicle:</b>	
<b>Year of your Vehicle:</b>	
<b>VIN associated with Vehicle for which you are making a claim (if you do not have this information, please contact the Claims Administrator identified below):</b>	

**2. Eligibility (check the applicable boxes and insert the relevant information)**

a.  I attest that I purchased or leased, before May 31, 2021, one of the following Vehicles, which was recalled under Transport Canada Recall # 2021-169:

- Audi A3 (model years 2016 to 2020)
- Audi A3 E-TRON (model years 2016 to 2018)
- Audi RS3 (model years 2018 to 2020)
- Audi S3 (model years 2016 to 2020)

b.  I am providing with this Claim Form a copy of my proof of purchase or lease for the Vehicle identified above.

**c. I confirm (choose one):**

that the recall Transport Canada Recall # 2021-169 / 69BY has been duly executed;

OR

that the recall Transport Canada Recall # 2021-169 / 69BY has not been executed but that I undertake to promptly take the necessary measures to implement this recall.

**d. I attest that (choose one and, if applicable, add the relevant information):**

I experienced the PODS issue, namely an error message displayed on the instrument panel with a warning chime sound and the airbag indicator light displaying “passenger airbag off” and this issue first occurred approximately on (insert date):

\_\_\_\_\_

OR

I have never experienced the PODS Issue (if you check this box, you will not be entitled to a compensation).

**e. I attest that:**

If I experienced the PODS issue, I had to drive with a passenger (weighing more than 80 lbs) in the back seat because the front seat could not be used pursuant to the Recall letter because of the PODS issue;

On average, I experienced the PODS issue for a duration of (**choose one**):

- Between 0 and 14 days per month (\$75.00);

**OR**

- Between 15 and 31 days per month (\$150.00).

*Note that your Claim and the information provided will be subject to verification. By submitting this Claim, you affirm under penalty of perjury that the information it contains is accurate.*

**f. I attest that (choose one):**

- I was not offered a loaner vehicle by an Audi/Volkswagen dealership for the entire period during which I experience the PODS issue.

**OR**

- I was offered a loaner vehicle by an Audi/Volkswagen dealership for the entire period during which I experience the PODS issue (please provide details if applicable):

**3. Form of Compensation**

**a. I attest that (choose one):**

- I still own or lease the Vehicle identified in section 1 – General Information above.

**OR**

- I no longer own or lease the Vehicle identified in section 1 – General Information above.

**b. (Answer this question only if you no longer own or lease your Vehicle) I wish to receive compensation in one of the following forms of payment:**

- (This option is only available for eligible Class Members who no longer own or lease their Audi Vehicle)** A cash payment via:

- Electronic Interac e-transfer (to the email address provided above); or
- Cheque (to the address provided above).

**OR**

- A credit to be used in any Audi dealership in Quebec, the details of which will be sent to you by the Claims Administrator by email to the email address provided in this Claim Form or by mail if you do not have an email address.

For the payment by electronic Interac e-transfer, the password and deposit instructions will be sent to you via email by the Claims Administrator, Velvet Payments Inc.



**Acknowledgement and Certification:**

By signing and dating this form below, I acknowledge that I have read the terms and conditions herein and am qualified to seek compensation under this settlement. I further attest that I have not submitted, and will not in the future submit, any other Claim Form seeking compensation from this settlement.

I understand that my Claim and the information provided will be subject to verification. By submitting this Claim Form, I affirm under penalty of perjury that the information it contains is accurate.

**FULL NAME (in lieu of signature):**

**DATE:**

If you have any questions while completing the Claim Form, please contact the Claim Administrator at:

**Velvet Payments Inc.**  
5900 Andover ave., Suite 1  
Montreal, Quebec, H4T 1H5  
Tel: 1-888-770-6892  
Email: [pods@velvetpayments.com](mailto: pods@velvetpayments.com)

You may also contact the law firm representing the Class:

**LPC Avocat Inc.**  
Maitre Joey Zukran  
276 Saint-Jacques Street, suite 801  
Montreal, Quebec, H2Y 1N3  
Tel: (514) 379-1572  
Fax: (514) 221-4441  
[JZUKRAN@LPCLEX.COM](mailto: JZUKRAN@LPCLEX.COM)

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