



SAAB CARS USA, INC.

Saab Cars USA, Inc.  
Claim Reimbursement Form

Date Claim Submitted: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Mileage at Time of Repair: \_\_\_\_\_

Claimant Name (Please Print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

Evening Telephone Number: (\_\_\_\_) \_\_\_\_\_

Amount of Reimbursement Requested: \_\_\_\_\_

Please mail this form and required documents to:

~~Saab Cars USA, Inc.~~  
4405-A International Blvd.  
Norcross, GA 30093

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair identified on the repair invoice.

Claimant's signature: \_\_\_\_\_

**THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM**

Original or a clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair
- The Vehicle Identification Number (VIN) of the vehicle that was repaired
- What problem occurred, what repair was done, when it was done and who did it
- The total cost of the repair expense that is being claimed
- Payment for the repair in question and the date of payment. Copy of front and back of cancelled check or copy of credit card receipt.

All scheduled maintenance performed on the vehicle in accordance with the intervals recommended by Saab, should be completed on the attached Service Documentation chart.

If you meet all requirements detailed in the Special Policy information, submit this form and the Service Documentation form prior to December 31, 2005. Saab will contact you within 60 days of claim submission.