



QUALITY DRIVEN® SERVICE

Claim Form

For Windshield Warranty Extension

Please fill out the following information completely and submit this form, along with the documentation described below. Ensure your request includes all necessary documents to avoid any delays in processing and reimbursement.

Name

Address

City State ZIP

Telephone Number

Email Address

VIN Vehicle Model Model Year

Did your insurance company participate financially in this repair? ☐ Yes ☐ No (please choose one)

I VERIFY THAT I AM THE OWNER OR LESSEE OF THE VEHICLE DESCRIBED ABOVE, AND THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS CLAIM FORM IS TRUE AND CORRECT.

Signature Date

DOCUMENTATION FOR REIMBURSEMENT: You must include with this Claim Form (1) a copy of the repair invoice or work order showing windshield replacement for cracking meeting the reimbursement eligibility. The invoice must show your vehicle model, vehicle identification number (VIN), the name and address of the facility that completed the repair, the cost of the repair (parts and labor), and the date the work was completed. (2) proof of payment, such as a copy of the canceled check, bank statement, cash receipt, or credit card receipt showing that you paid for the repair.

Mail this Claim Form, along with the above referenced documentation to the following address:

Subaru of America, Inc.
Customer Retailer Services Department
Attention: Windshield Warranty Extension
P.O. Box 6000
Cherry Hill, NJ 08034-6000

Please allow 6-8 weeks for the reimbursement to be processed.

Your request for reimbursement must be postmarked by no later than February 1, 2016. Ensure your request includes all necessary documents to avoid any delays in processing and reimbursement.

Rev: October 2015