

4037308 Canada Inc. v. Navistar Canada Inc. et al.  
c/o RicePoint Administration Inc.  
P.O. Box 3355  
London, Ontario  
N6A 4K3



4037308 Canada Inc. v. Navistar Canada Inc. et al.

SUPERIOR COURT OF QUEBEC

Case No. 500-06-000720-140

**Must Be Postmarked No Later Than August 27, 2022**

## CLAIM FORM

### I. CLAIMANT CONTACT INFORMATION

Full Name or Company Name

Full Name or Company Name Continued

Company Representative Name (if applicable)

Primary Address

Primary Address Continued

City

Province

Postal Code

Email address

Area code

Telephone number (home)

Area code

Telephone number (work)

**Instructions: You can submit this form by mail or file claims online at [www.maxxforsettlement.ca](http://www.maxxforsettlement.ca). The deadline to submit or postmark a claim is August 27, 2022.**

**Mail claims and supporting documentation to:**

*4037308 Canada Inc. v. Navistar Canada Inc. et al.*  
c/o RicePoint Administration Inc.  
P.O. Box 3355  
London, Ontario  
N6A 4K3

**Please read the Class Notice (available at <https://maxxforsettlement.ca/documents.aspx>) regarding the Settlement carefully before filling out this form. Terms in this Claim Form are defined in the Class Notice and the Settlement Agreement, both of which are available at the Settlement Website or by calling 1-888-876-0851 or emailing [maxxforsettlement@ricepoint.com](mailto:maxxforsettlement@ricepoint.com). Please also review the instructions on page 2 before proceeding. Note that you may choose only one option for compensation for each Class Vehicle that you owned or leased. If multiple options are selected, or your claim is not accompanied by the required documentation, your claim may be rejected.**



## II. VEHICLE INFORMATION

If you owned or leased more than one Class Vehicle, please complete and attach pages 2 to 6 for each Class Vehicle.

Vehicle Identification Number (VIN)														
Model Year		Vehicle Model												
Are you the original owner or lessee? <input type="radio"/> Yes <input type="radio"/> No														
If you leased the Class Vehicle, provide the name of the owner/lessor														
Do you still own or lease your vehicle? <input type="radio"/> Yes <input type="radio"/> No														
Date purchased/leased (MM/YYYY)						Date sold/lease terminated (MM/YYYY)								
M	M	/	Y	Y	Y	Y	to	M	M	/	Y	Y	Y	Y
Month		Year						Month		Year				

### INSTRUCTIONS

**Supporting documentation is required for ALL claims.** Different kinds of documentation are required depending on the option you select, as explained below. Contact the Settlement Administrator at [maxxforscesettlement@ricepoint.com](mailto:maxxforscesettlement@ricepoint.com) or **1-888-876-0851** with any questions about completing this Claim Form.

#### SUPPORTING DOCUMENTATION IS REQUIRED FOR ALL CLAIMS.

For all claims, you must produce documentation that you purchased or leased your Class Vehicle(s) in Canada. If you choose the Cash Option or Rebate Option, you must also submit documentation proving the time period during which you owned or leased the Class Vehicle. This documentation could include the following: vehicle title, vehicle purchase agreement, vehicle lease agreement, dealer invoice, insurance documentation, financing documentation, or vehicle registration documents sufficient to identify the time period that you have been or were the owner or lessee of the Class Vehicle. If you choose the Individual Prove-Up Option, you must submit documentation of Covered Events and subsequent Covered Costs.

#### OPTIONS FOR COMPENSATION

Class Members who submit timely claims along with the required documentation may be entitled to monetary compensation for each Class Vehicle. Before filing your claim, you may view preliminary calculations of the amount you might receive under the Cash Option or Rebate Option at [www.maxxforscesettlement.ca](http://www.maxxforscesettlement.ca). You may then file claims online or by mail.

Review the three options for compensation below and decide which option you prefer for each Class Vehicle you owned or leased. You may choose only one option for each Class Vehicle. Once you have chosen the best option for you, complete the Options for Compensation section of this Claim Form. If you owned or leased more than one Class Vehicle, complete and attach additional pages for each Vehicle.

If you leased a Vehicle from Navistar for more than 30 days, you will recover on the same terms as Class Vehicle owners. If you leased a Vehicle for 30 days or less, you are not a Class Member, but the owner of the Vehicle may submit a claim for the period of the lease. If you leased a Vehicle from a party other than Navistar for more than 30 days, both you and the owner are each eligible for half of the Cash or Rebate Options for the period of the lease. As an alternative, the lessor and/or lessee may instead each select the Prove-Up Option.

#### **Option 1 – Cash Option:**

If you select the Cash Option, you will receive a payment based on months of ownership or lease up to \$2,500 per Class Vehicle. Each demonstrated month of ownership/lease is eligible for the listed amounts, subject to certain limitations.

Model Year	Monetary Amount
2011	\$21.01/month
2012	\$23.36/month
2013	\$26.32/month
2014	\$30.12/month

#### **Option 2 – Rebate Option:**

If you select the Rebate Option, you will receive a rebate worth up to \$10,000 per Class Vehicle based on months of ownership or lease. The rebate may be applied toward the purchase of a new Navistar Class 8 heavy-duty truck. Each demonstrated month of ownership/lease is eligible for the listed rebate amounts, subject to certain limitations.

Model Year	Monetary Amount
2011	\$84.03/month
2012	\$93.46/month
2013	\$105.26/month
2014	\$120.48/month



The rebates are deducted from the best negotiated retail purchase price (not including sales tax or delivery fees) and are in addition to any other applicable promotion, rebate, or discount in effect at the time of purchase and for which both the purchase and the purchaser would otherwise qualify. The rebates will expire 18 months after the date that the rebate certificates are sent to qualifying Class Members. The rebate is not transferable and not stackable. No Class Member may select the Rebate Option for more than ten Class Vehicles.

**Option 3 – Individual Prove-Up Option:**

For each Class Vehicle a Class Member owned or leased, a Class Member may seek to prove up to \$15,000 per truck for documented Covered Costs incurred as a result of a Covered Event. Covered Costs and Covered Events are defined below. Each claim must be supported by reasonable contemporaneous or third-party documentation supporting the occurrence of the Covered Event and the amount of damages suffered as a result.

A Covered Event is (1) a service event for repair or replacement of a Primary Component; or (2) a service event for repair or replacement of a Secondary Component that occurs within 30 days of a service event for repair or replacement of a Primary Component. Covered Events do not include service events where the repair or replacement of a Primary Component was provided for by an Authorized Field Change or Misbuild Investigation Notice.

Primary Components
EGR Cooler
EGR Valve

Secondary Components
Lambda Sensor
Oxygen Sensor
Oil Centrifuge
Valve/Seat (Intake) and Valve/Seat (Exhaust)
Valve Bridge
Cylinder Head (when accompanied by a Valve/Seat (Intake) and Valve Bridge repair)
Turbochargers
Total Engine Replacement or Rebuild (must show a Turbochargers failure)
Diesel Particulate Filter
DOC/Pre-DOC

Covered Costs are any of the following costs (1) that were actually incurred as a result of a Covered Event, (2) that are established by reasonable contemporaneous or third-party documentation, and (3) for which the Class Member has not already been compensated: actual repair costs, including parts, labor, and towing; rental trucks; lost revenue (from a particular load lost at the time of the Covered Event); travel costs (hotel, airfare, meals, etc.); employee wages (limited to five days); permits; and loading/unloading. There are mileage limits on parts and labor recovery. Parts and labor incurred as a result of a Covered Event that occurred when the Class Vehicle had between 800,000 kilometers and 1,600,000 kilometers are capped at seven thousand five hundred dollars (\$7,500). Please review the Settlement Terms and FAQs at [www.maxxforsettlement.ca](http://www.maxxforsettlement.ca) for additional details or call toll-free 1-888-876-0851. All costs not listed above are excluded and will not be compensated.



### III. COMPENSATION SELECTION

Select ONE of the following options for compensation for this truck. For details regarding these options, see *Options for Compensation* on pages 2 and 3.

**CASH Option**   
  **REBATE Option**   
  **PROVE-UP Option**

If you choose the PROVE-UP option, please itemize your claimed Covered Costs below. NOTE: Be sure to include supporting documentation. If there is not enough room below, please copy and attach additional sheets. Additional sheets found on page 5.

<input style="width: 95%;" type="text"/> Covered Event	<input style="width: 95%; text-align: center;" type="text"/> / <input style="width: 95%; text-align: center;" type="text"/> / <input style="width: 95%; text-align: center;" type="text"/> Date (dd/mm/yyyy)
<input style="width: 95%;" type="text"/> Covered Cost	\$ <input style="width: 95%; text-align: right;" type="text"/> . Amount
<input style="width: 95%;" type="text"/> Name of Person Paid (e.g., dealership, repair shop, etc.)	<input style="width: 95%; text-align: center;" type="text"/> / <input style="width: 95%; text-align: center;" type="text"/> / <input style="width: 95%; text-align: center;" type="text"/> Date of Payment (dd/mm/yyyy)
<input style="width: 95%;" type="text"/> — <input style="width: 95%;" type="text"/> — <input style="width: 95%;" type="text"/> Phone Number of Person Paid (e.g., dealership, repair shop, etc.)	
<input style="width: 95%;" type="text"/> Address of Person Paid (e.g., dealership, repair shop, etc.)	
<input style="width: 95%;" type="text"/> Address of Person Paid Continued	
<input style="width: 95%;" type="text"/> City	<input style="width: 95%; text-align: center;" type="text"/> <input style="width: 95%; text-align: center;" type="text"/> Province    Postal Code

<input style="width: 95%;" type="text"/> Covered Event	<input style="width: 95%; text-align: center;" type="text"/> / <input style="width: 95%; text-align: center;" type="text"/> / <input style="width: 95%; text-align: center;" type="text"/> Date (dd/mm/yyyy)
<input style="width: 95%;" type="text"/> Covered Cost	\$ <input style="width: 95%; text-align: right;" type="text"/> . Amount
<input style="width: 95%;" type="text"/> Name of Person Paid (e.g., dealership, repair shop, etc.)	<input style="width: 95%; text-align: center;" type="text"/> / <input style="width: 95%; text-align: center;" type="text"/> / <input style="width: 95%; text-align: center;" type="text"/> Date of Payment (dd/mm/yyyy)
<input style="width: 95%;" type="text"/> — <input style="width: 95%;" type="text"/> — <input style="width: 95%;" type="text"/> Phone Number of Person Paid (e.g., dealership, repair shop, etc.)	
<input style="width: 95%;" type="text"/> Address of Person Paid (e.g., dealership, repair shop, etc.)	
<input style="width: 95%;" type="text"/> Address of Person Paid Continued	
<input style="width: 95%;" type="text"/> City	<input style="width: 95%; text-align: center;" type="text"/> <input style="width: 95%; text-align: center;" type="text"/> Province    Postal Code



										D D / M M / Y Y Y Y	
Covered Event										Date (dd/mm/yyyy)	
										\$	
Covered Cost										Amount	
										D D / M M / Y Y Y Y	
Name of Person Paid (e.g., dealership, repair shop, etc.)										Date of Payment (dd/mm/yyyy)	
— —											
Phone Number of Person Paid (e.g., dealership, repair shop, etc.)											
Address of Person Paid (e.g., dealership, repair shop, etc.)											
Address of Person Paid Continued											
City								Province		Postal Code	

										D D / M M / Y Y Y Y	
Covered Event										Date (dd/mm/yyyy)	
										\$	
Covered Cost										Amount	
										D D / M M / Y Y Y Y	
Name of Person Paid (e.g., dealership, repair shop, etc.)										Date of Payment (dd/mm/yyyy)	
— —											
Phone Number of Person Paid (e.g., dealership, repair shop, etc.)											
Address of Person Paid (e.g., dealership, repair shop, etc.)											
Address of Person Paid Continued											
City								Province		Postal Code	



**IV. CLAIM CERTIFICATION & RELEASE**

To obtain compensation under the Settlement, you must attest to the following certification:

*I have received notice of the Settlement, and I submit this Claim Form under the terms of the Settlement. I acknowledge that I am bound by any Court judgment that may be entered in this lawsuit and, upon the Effective Date of the Settlement, will release claims against Navistar as set forth in the Settlement Agreement. I submit to the jurisdiction of the Superior Court of Québec with regard to my claim and for purposes of enforcing the release of claims. I acknowledge that all claims are subject to investigation, and any false claims may be subject to legal action. I verify under penalty of law that the following information is true and correct:*

1. I am a member of the Settlement Class or the authorized representative of an entity that is a member of the Settlement Class.
2. If I am choosing the option to prove up additional damages, I or the entity I represent actually suffered the described Covered Costs and have not previously received reimbursement for those Covered Costs.
3. If I am choosing the option to prove up additional damages, I certify the oil and filters were regularly changed on the Class Vehicle identified in Section III within the timeframes recommended by Navistar.

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

