

Mazda Connect Infotainment System Settlement Claim Form for Reimbursement of Expenses

**The DEADLINE to submit this Claim Form is August 01, 2025.
You do not need to fill out a Claim Form to be eligible for the 24-month limited extension
of certain components under the New Vehicle Limited Warranty created by the
Settlement.**

*Para una notificación en Español, llamar 1-844-552-0064
o visitar nuestro sitio web www.MazdaInfotainmentSettlement.com*

I. GENERAL INSTRUCTIONS

This Claim Form is to be used by Settlement Class Members who are seeking reimbursement of Out-of-Pocket Expenses incurred for the following components: (1) Software Updates for Mazda Connect; (2) the Connectivity Master Unit (CMU) repair or replacement; (3) SD Card repair or replacement; (4) Display repair or replacement; and/or (5) Rear-view Camera repair or replacement.

Before completing this Claim Form, please review the instructions on page four. Additional details concerning the types of expenses that are covered and eligibility criteria, as well as additional information about the Settlement and its benefits, are available on the Settlement Website at www.MazdaInfotainmentSettlement.com.

You must complete, sign, and submit this Claim Form and provide the required supporting documentation on or before August 01, 2025 to receive reimbursement of Out-of-Pocket Expenses for covered repairs. Submitting a Claim Form is the only way you can receive Reimbursements for Out-of-Pocket Expenses as part of this Class Action Settlement. You may complete a Claim Form electronically and upload documentation at www.MazdaInfotainmentSettlement.com. If you are unable to complete the Claim Form online, you may download a copy and mail it to Mazda Infotainment Settlement, c/o JND Legal Administration, PO Box 91494, Seattle, WA 98111. Please type or legibly print all requested information.

If you wish to make a claim for more than one vehicle, please use a separate Claim Form for each vehicle.

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes after you file your Claim, you must notify the Settlement Administrator in writing at the address above.

Please provide the following information:

Full Name

Mailing Address – Line 1: Street Address/P.O. Box

Mailing Address – Line 2

City

State

Zip Code

Telephone Number

Email Address

Vehicle Identification Number / VIN

III. REIMBURSEMENTS FOR OUT-OF-POCKET EXPENSES

State your claimed reimbursement amount below and provide documentation proving your claimed Out-of-Pocket Expenses. **Failure to meet the requirements of this section may result in your Claim being rejected by the Settlement Administrator.**

Potentially reimbursable Out-of-Pocket costs means those incurred for parts and/or labor for any of the following actions performed on a Settlement Class Vehicle related to the Mazda Connect infotainment system: 1) Software Updates for Mazda Connect; 2) CMU repair or replacement; 3) SD Card repair or replacement; 4) Display repair or replacement; and 5) Rear-view Camera repair or replacement. Out-of-Pocket Expenses do not include any other expense (e.g., rental car, ride-share services, inconvenience, etc.).

In order to receive reimbursement, you must provide Proof of Expenses, which means an original invoice, legible photocopy thereof, or other record, or some combination thereof, identifying the Out-of-Pocket Expenses paid by a Settlement Class Member. Proof of Expenses must be submitted in support of any Claim for reimbursement. Sufficient proof shall consist of one or more contemporaneous writings, including but not limited to, third-party receipts, invoices, repair orders, or bills, which, either individually or collectively, prove the existence of the claimed Out-of-Pocket Expenses. *You should include all payments made for any covered repair or replacement parts and submit all relevant documents.*

Claimed Reimbursement Amount:

How much did you pay for covered repair(s) and/or replacement(s)?

Repair Facility Type:

Who performed the repair(s) and/or replacement(s)? (select more than one if applicable)

- ☐ Authorized Mazda Dealer
☐ Independent Repair Facility
☐ I performed the repair(s) and/or replacement(s) myself.

IV. PAYMENT ELECTION

You may elect to receive your payment by check or digital payment. Please choose one below. If you do not make a selection, and your claim is approved, your settlement benefit will be issued by check.

- ☐ Paper Check by Mail
☐ Virtual Debit Card

Email Address for Virtual Debit Card: _____

V. CERTIFICATION

I hereby attest to and affirm that the information I am providing as support for my Claim is a true and accurate copy of the records in my possession and these records relate to my Settlement Class Vehicle. I hereby attest to and affirm the authenticity of such proof and state that I actually incurred and was not previously reimbursed for the Out-of-Pocket Expenses for which I am seeking reimbursement.

Signature

Date

Print Name

Unique ID

Please submit this Claim Form electronically online at www.MazdaInfotainmentSettlement.com or mail this Claim Form and all required Proof of Expenses (e.g., documents/paperwork), postmarked no later than August 01, 2025, to:

Mazda Infotainment Settlement
c/o JND Legal Administration
PO Box 91494
Seattle, WA 98111

For more information, please carefully review the Class Notice, call the Settlement Administrator at 1-844-552-0064, or visit the Settlement Website at www.MazdaInfotainmentSettlement.com.

Mazda Connect Infotainment System Settlement: Instructions for claiming reimbursement for Out-of-Pocket Expenses

You can only file a Claim if you are a Settlement Class Member. You are a Settlement Class Member if you purchased or leased any of the following Mazda vehicle models that came equipped with a Mazda Connect infotainment system and you do not opt out of the Settlement: Mazda2 2016–2022; Mazda3 2014–2018; Mazda6 2016–2021; Mazda CX-3 2016–2021; Mazda CX-5 2016–2020; Mazda CX-9 2016–2020; and Mazda MX-5 2016–2023.

To check whether your vehicle is included in the Settlement Class, visit the VIN Lookup page on the Settlement Website at www.MazdaInfotainmentSettlement.com and enter your Vehicle Identification Number (VIN). You may also contact the Settlement Administrator by phone at 1-844-552-0064.

Note: The Settlement does not cover repair or replacement of the Rear-view Camera for Mazda3 2014–2018 5-door hatchbacks and Mazda CX-3 2016–2021 vehicles covered by a voluntary recall with the National Highway Traffic Safety Administration (Part 573 Safety Recall Report 23V-487 (July 14, 2023)) because those vehicles and attendant expenses are covered by that recall.

Supporting documentation is required for ALL Claims. Your Claim must include documentation proving your claimed Out-of-Pocket Expenses. This may take the form of a repair invoice or other document identifying the Out-of-Pocket Expenses you paid for a covered repair. Sufficient proof shall consist of one or more contemporaneous writings, including but not limited to third-party receipts, invoices, repair orders, or bills, which, either individually or collectively, prove the existence of the claimed Out-of-Pocket Expenses. For any questions related to completing this Claim Form or the documentation required to support your claim, please review the FAQs, the Detailed Notice, and the Settlement Agreement at www.MazdaInfotainmentSettlement.com or contact the Settlement Administrator at 1-844-552-0064.

Independent Repair Facilities: With respect to expenses or costs incurred at or through any facility that is *not* an Authorized Mazda Dealer, i.e., an independent repair facility, you may be eligible for reimbursement under the condition that verified Mazda OEM Parts were used in the repair. Reimbursement for labor costs incurred at or through an independent repair facility will be limited to the then-current national warranty labor rate for Mazda-approved time for the repair. Reimbursements for expenses incurred at an independent repair facility are capped on a per-vehicle basis at \$1,750.

The deadline to file a Claim for reimbursement is August 01, 2025. All Claims must be submitted online or postmarked on or before this date or they will not be considered. You must complete all sections of the Claim Form and sign the certification to complete your claim submission. For faster processing, please submit your claim online at www.MazdaInfotainmentSettlement.com. You may also contact the Settlement Administrator to request that a copy of the Claim Form be mailed to you by calling 1-844-552-0064 or sending a request to the below address:

Mazda Infotainment Settlement
c/o JND Legal Administration
PO Box 91494
Seattle, WA 98111