

**BBB AUTO LINE
Customer Claim Form**

Case number: [REDACTED]
Contact Date: 09/11/22
Start Date: 09/12/22

Please make any necessary corrections to the information below, print or verify your VIN number and lienholder/leasing company information at the bottom of this page, and complete the missing information in Section 4 on the next page (attach additional sheets as needed).

SECTION 1: CUSTOMER INFORMATION

Titled owner: [REDACTED]		
Mailing address: [REDACTED]		
City: Oxford	State: FL	Zip code: [REDACTED]
Day phone: [REDACTED]	Evening phone: [REDACTED]	Cell phone:
Fax:	E-mail address: [REDACTED]	

SECTION 2: VEHICLE INFORMATION

Make: Chevrolet	Model: Volt	Year: 2017	Current mileage: 708900
Name(s) that appears on the vehicle title: [REDACTED]			
Selling dealer/city/state: Vann Gannaway Chevrolet, Eustis, FL			
Primary Servicing dealer/city/state: George Nahas,			
Acquired as <input checked="" type="checkbox"/> new <input type="checkbox"/> used <input type="checkbox"/> demo <input type="checkbox"/> leased		Is your vehicle Certified Pre-Owned? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Purchase/lease date: 06/13/17		Mileage at purchase/lease:	
First repair attempt date: 06/13/17		First repair attempt mileage: 70200	
How often is the vehicle used for business purposes (percentage): 0 %		Number of vehicles owned or leased by the business: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Has the vehicle been in an accident/had body damage? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Date of accident:	
Description of damage:			

SECTION 3: DESIRED OUTCOME (Describe what you want done to resolve your concern)

I ask your attention in obtaining the failing part and aid in its repair or at a minimum cover the cost of the rental.

Please complete the missing information in the box below and on page 2.

VEHICLE IDENTIFICATION NUMBER [REDACTED]

SECTION 4: VEHICLE PROBLEMS (List primary problem first)

Case Number: [REDACTED]

Problem	Servicing dealer(s)	# of repair attempts	List the date, mileage, and days out of service for each repair attempt	Does the problem exist now?
Example:				
A/C won't cool properly	Any Dealer, Inc.	2	4/23/06 3,500 miles 5 days 6/10/07 12,700 miles 1 day	yes
"Propulsion Power is Reduced"				yes
will not start				yes
Unable to charge				yes
shift to park to start-,				yes

Total days out of service for all problems: _____

Signature of Titled Owner(s) _____ Date _____

Printed Name of Titled Owner(s) _____

I am submitting this dispute for resolution in the BBB AUTO LINE program, and I agree to arbitrate the dispute under the BBB AUTO LINE Arbitration Rules.

Please mail or fax this completed form with copies of all available repair orders, your vehicle registration, your sales agreement or lease agreement, and any other relevant documents (e.g., written correspondence with the manufacturer, etc.) to:

BBB AUTO LINE
1676 International Drive, Suite 550
McLean VA, 22102
Fax: 703-247-9700

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Mailing address: [REDACTED]		
City: Oxford	State: FL	Zip code: [REDACTED]
Day phone [REDACTED]	Evening phone [REDACTED]	Cell phone:
Fax:	E-mail address [REDACTED]	

SECTION 2: VEHICLE INFORMATION

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Purchase/lease date: 06/13/17		Mileage at purchase/lease:	
First repair attempt date: 06/13/17		First repair attempt mileage: 70200	
How often is the vehicle used for business purposes (percentage): 0 %		Number of vehicles owned or leased by the business:	Is the vehicle in your possession? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Has the vehicle been in an accident/had body damage? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			Date of accident:
Description of damage:			

SECTION 3: DESIRED OUTCOME (Describe what you want done to resolve your concern)

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