

BBB AUTO LINE Customer Claim Form

Case number: [REDACTED]
Contact Date: [REDACTED]
Start Date: [REDACTED]

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: Richmond hill	State: New York	Zip code: [REDACTED]
Day phone:	Evening phone: [REDACTED]	Cell phone:
Fax: [REDACTED]	E-mail address: [REDACTED]	

SECTION 2: VEHICLE INFORMATION

Make: Chevrolet	Model: Silverado 1500	Year: 2023	Current mileage: 15,777
Name(s) that appears on the vehicle title: Matthew Cordova,			
Selling dealer/city/state: Atlantic Chevrolet		Bayshore ny	New York
Primary Servicing dealer/city/state: quality Chevrolet		old bridge nj	
Acquired as ☒ new ☐ used ☐ demo ☐ leased		Is your vehicle Certified Pre-Owned? ☐ yes ☒ no	
Purchase/lease date: 8/14/2023		Mileage at purchase/lease: 97	
First repair attempt date: 7/29/2025		First repair attempt mileage: 0	
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? ☒ yes ☐ no
Has the vehicle been in an accident/had body damage? ☐ yes ☒ no		Date of accident:	
Description of damage:			

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

This is the second time my vehicle has required major repairs related to a known recall defect, and the manufacturer's response has been insufficient. The proposed resolution—replacing the engine with components that share the same known defect—does not address the underlying issue and provides no assurance of long-term safety or reliability. This constitutes a repeated failure to remedy a manufacturer defect and results in ongoing financial hardship and loss of vehicle use.

I am requesting either full payment reimbursement or the option to return or replace the vehicle under fair

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)

[illegible]

Total days out of service for all problems: 21

Signature of Titled Owner([REDACTED]) Date 10/16/2025

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