



**BENTLEY**

## **Customer Campaign Reimbursement Claim Procedure**

Please follow the instructions on the Claim form provided on the reverse side to file a claim for reimbursement. If you have any questions about this reimbursement procedure, please call the toll-free telephone number provided at the bottom of the form.

- Requests for reimbursement may include parts, labor, fees and taxes.
- Reimbursement may be limited to the amount the repair would have cost if completed by an authorized Bentley dealer.
- Your claim will be acted upon within 60 days of receipt.
- If your claim is approved, you will receive a check from Bentley.
- If your claim is denied, you will be contacted by Bentley with the reason(s) for the denial.
- If your claim is incomplete, you will be contacted by Bentley identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Thank you for your continued support of our cars.



**BENTLEY**

## Customer Campaign Reimbursement Claim Form

**THIS SECTION TO BE COMPLETED BY CUSTOMER**

Campaign Code (as indicated on the customer letter): \_\_\_\_\_

Date Claim Submitted: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Mileage at Time of Repair: \_\_\_\_\_

Date of Repair: \_\_\_\_\_

Customer Name (please print): \_\_\_\_\_

Street Address or P.O. Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Telephone Number (including Area Code): \_\_\_\_\_

Evening Telephone Number (including Area Code): \_\_\_\_\_

Amount of Reimbursement Requested: \_\_\_\_\_

**THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM:**

Original receipts, invoices and/or repair orders relating to this campaign that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done and who performed it.
- The total cost of the repair expense that is being claimed.
- Payment (cancelled check, bank statement, etc.) for the repair in question and the date of payment.

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this action.

Claimant's Signature \_\_\_\_\_

Please send this claim form and required documents to:

BENTLEY MOTORS, INC.  
Attn: Customer Campaign Reimbursement  
2200 Ferdinand Porsche Drive  
Herndon, VA 20171

All customer campaign reimbursement questions should be directed to the following number: 1 800 777 6923