



## IMPORTANT SAFETY RECALL

- To check your vehicle's eligibility for repair under this or any other recall/service campaign, please visit the Recall/Service Campaign Lookup tool at [www.audiusa.com](http://www.audiusa.com) and enter your Vehicle Identification Number (VIN).

We apologize for any inconvenience this matter may cause; however, we are taking this action to help ensure your safety and continued satisfaction with your vehicle.

Sincerely,

Audi Customer Protection

**Reimbursement of Expenses:** If you have incurred out-of-pocket expenses directly related to the condition described in this letter and would like to request reimbursement, please provide legible copies of receipts, invoices and/or repair orders and keep the originals for your records. Documents will not be returned. You may submit supporting documents via email or regular mail. Requests must include Safety Recall code 46P7, as shown in the subject line of this letter.

**Required documentation:**

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the repaired vehicle.
- Description of the problem and what repairs were done.
- Name, address and phone number of the repair facility that performed the work.
- Proof of payment for the repair and date payment was made (cancelled check, bank statement, etc.).

**Email:** Please email required documentation to [audicxccompliance@audi.com](mailto:audicxccompliance@audi.com). Email is not a secure transmission method. If concerned, use the regular mail option below.

**Regular mail:** If you prefer to mail paper copies of your documents to us, please send them to: AUDI OF AMERICA, INC. Attn: Reimbursement, P.O. Box 217022, Auburn Hills, MI 48321-7022

Your claim will be acted upon within 60 days of receipt. If your claim is approved, you will be issued a check. Reimbursement may be limited to the amount the repair would cost if it had been completed by an authorized Audi dealer. If your claim is incomplete, we will contact you and offer you the opportunity to provide additional documentation to support your claim. If your claim is denied, we will contact you with the reason(s) for denial.

**Customer Authorization & Declaration:** *By submitting for reimbursement, you declare that the information provided is accurate and the documents are true copies of original receipts or statements reflecting the expenses incurred. You also authorize Audi to contact the repair facility named in this documentation to verify the information provided for the purposes of processing this reimbursement request.*

**Privacy Notice:** *For information regarding our privacy practices, please see our Privacy Statement at [www.audiusa.com/privacy](http://www.audiusa.com/privacy).*