

Instructions for Reimbursement Acura Warranty Extension JY9/JZ0/JZ1/JZ2

Eligibility Requirements

You may be eligible for reimbursement if you meet all the requirements:

- You paid to have the front and/or rear active dampers replaced because of a damper leak. Since not all damper leaks can be seen, the damper may make a bang, clunk, or similar noise.
- **Repairs were made prior to the notice date; repairs made after the notice date must be performed by an Acura dealer.**
- You owned the vehicle at the time of repair. You are still eligible if you no longer own the vehicle.
- You provide a paid invoice.

Please complete this form and attach the items listed below. Failure to include all requested information will result in delays and possible denial of your request.

Your invoice must include:

1. Vehicle Identification Number (VIN)
2. Name and Address of the repair facility
3. Diagnosis and itemized cost of repair – parts and labor
4. Date the work was completed
5. Proof of Payment - copy of the canceled check, bank statement, or credit card receipt showing that you paid for the repair. Cash payments must be documented on the invoice and a cash payment receipt must be provided. Please submit copies only. These documents will not be returned.

Repairs were performed at (check one): Authorized Acura Dealer Independent Repair Facility

Return Your Reimbursement Request Form and Requested Documents

Via Fax: **(310) 224-6051**

Via Mail: American Honda Motor Co., Inc.
Acura Client Relations
P.O. Box 2964
Torrance, CA 90509-2964

(Fill-in the information below – Please print)

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|--------------------------------------|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|---------------|--|--|
| Your Name: | | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | Apt.#: | | |
| City: | | | | | | | | | State: | | | | | | ZIP: | | |
| Daytime Phone: | | | | | | | | | Cell Phone: | | | | | | | | |
| Vehicle Identification Number | | | | | | | | | | | | | | | | | |
| e-mail Address: | | | | | | | | | | | | | | | | | |
| Total Amount Requested: \$ | | | | | | | | | | | | | | | | | |

Repair cost only. Incidental expenses (rental, fuel, loss of wages, etc.) are not covered.

**If you have any questions about this form, please contact Acura Client Relations at
1-888-234-2138**