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CLAIM FORM INSTRUCTIONS

This Claim Form should be used to request reimbursement for the following:

1) Repair costs incurred prior to November 23, 2026, related to repair of the MGR connector or hybrid system cable in Subject Vehicles as described in the Notice.

2) Other repair-related out-of-pocket expenses, such as towing, storage, or reasonable rental vehicle costs, incurred prior to November 23, 2026, as described in the Notice.

Supporting documentation is required for ALL claims. For any questions related to completing the Claim Form, please contact the Settlement Administrator at 1-877-327-7155. The claim filing deadline is as early as **March 27, 2028**. Your claim submission should include all requested details and any supporting documentation showing your out-of-pocket cost paid for each claimed repair as well as sufficient photographic proof.

Settlement Class Members will be reimbursed only for costs they have actually incurred for repairing an MGR connector or hybrid system cable in a Subject Vehicle, any related costs for towing and storage of the affected vehicle, and/or reasonable rental vehicle costs.

Supporting Document Requirements

1) Proof of Repair Expense

To qualify for reimbursement for a repair expense, you must provide sufficient Proof of Repair Expense, which shows evidence of repair related to the allegedly defective MGR connector or hybrid system cable, as well as proof of the money paid for the repair by you or on your behalf. This documentation may include, but is not limited to, receipts, invoices, credit card statements, canceled checks, service records, repair orders, or any other documents that show your name, VIN, the date the repair occurred, a description of the repair, proof of payment and total amount paid, and the facility name, address and phone number where the repair occurred.

2) Proof of Other Out-of-Pocket Expenses

To qualify for reimbursement for other out-of-pocket expenses, such as towing, storage, and/or reasonable rental vehicle costs, you must show sufficient Proof of Other Out-of-Pocket Expenses, which shows evidence of those towing, storage, and/or rental vehicle costs, as well as proof of the money paid by you or on your behalf. This documentation may include, but is not limited to, receipts, invoices, credit card statements, and/or canceled checks that identify your name, the date(s) the service was provided, proof of payment and total amount paid, and the name, address and phone number of the verifiable business entity that provided the service. *Note: The claimed out-of-pocket expenses must be reasonably related to the qualifying repair shown in your supporting documents.*

REIMBURSEMENT CLAIM FORM

MUST BE SUBMITTED OR POSTMARKED NO LATER THAN ONE YEAR AFTER THE FINAL EFFECTIVE DATE, WHICH COULD BE AS EARLY AS MARCH 13, 2028.

Isenberg, et al. v. Toyota Motor Sales, U.S.A., Inc., et al., Case No. 2:22-cv-05673-JXN-ADS

Only submit this Claim Form if you are seeking reimbursement for Repair Expenses, or Other Out-of-Pocket Expenses. You do not need to submit this Claim Form to receive the Extended Warranty Coverage. To receive future Extended Warranty coverage, you must take your vehicle for inspection to an authorized Toyota or Lexus dealer by **September 30, 2028 (except for Sienna model vehicles)**.

The deadline to submit Claim Forms and supporting documentation is one (1) year after the Final Effective Date, which could be as early as **March 27, 2028**. If you are submitting your claim by mail, send your completed Claim Form and all supporting documentation so it is postmarked by the deadline:

Isenberg v. Toyota
Settlement Administrator
PO Box 5356
Portland, OR 97228-5356

For more information, please consult the Class Notice, contact the Settlement Administrator at info@ToyotaConnectorSettlement.com or 1-877-327-7155, or visit www.ToyotaConnectorSettlement.com.

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Please review the instructions before proceeding.

I. CLAIMANT INFORMATION

First Name: MI: Last Name:

Business Name: (If Applicable)

Mailing Address – Line 1

Mailing Address – Line 2 (If Applicable)

City State: ZIP Code:

Telehone Number

– –

Email Address

II. VEHICLE INFORMATION

If you are seeking reimbursement for prior out-of-pocket expenses for more than one vehicle, you must file a separate Claim Form for each vehicle. The VIN is located on a small placard on the top of the dashboard and is visible through the driver's side corner of the windshield. It also appears on your vehicle registration card and probably appears on your vehicle insurance card. Your VIN should have 17 characters, a combination of both letters and numbers.

Vehicle Identification Number (VIN):

III. REIMBURSEMENT ELECTIONS

Indicate the nature of the reimbursement(s) you are claiming. Please note you will need to provide the total amount of reimbursement you are requesting, and enclose the required documents.

☐ Repair costs incurred related to repair of the MGR connector or hybrid system cable.

☐ Related out-of-pocket expenses, such as towing, storage, or reasonable rental vehicle costs

Documentation is required for all claims for repair costs and for all other out-of-pocket expenses. Detailed information concerning the types of documentation is included in the instructions to this Claim Form

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IV. REIMBURSEMENT INFORMATION

Information for Repair Expenses and/or Other Out-of-Pocket Expenses

Please complete the below section if you are seeking reimbursement for Repair Expenses, and/or if you are seeking reimbursement for Other Out-of-Pocket Expenses.

Date of repair (MM/DD/YYYY)	Mileage at time of repair	Amount sought
MM – DD – YYYY		$.
MM – DD – YYYY		$.
MM – DD – YYYY		$.

**You must attach a legible copy of a repair order or similar document that identifies the repair, and proof of payment by you or on your behalf.*

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Additional information needed for Other Out-of-Pocket Expenses

In addition to the above, if you are seeking reimbursement for Other Out-of-Pocket Expenses, please complete the below section:

Date of Expense (MM/DD/YYYY)	Type of Expense	Amount sought for Reimbursement
MM – DD – YYYY		$.
MM – DD – YYYY		$.
MM – DD – YYYY		$.
MM – DD – YYYY		$.
MM – DD – YYYY		$.

**You must attach a legible copy of a bill or invoice that identifies towing costs, storage costs, and/or rental car costs, and proof of payment by you or on your behalf.*

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V. SIGN & DATE

By signing this Claim Form, I declare under penalty of perjury under the laws of the United States that the information provided in this Claim Form and the supporting documentation is true and correct, and that I HAVE NOT already received reimbursement for the amounts claimed, except as disclosed in or with this Claim Form.

Print Name

Signature

Date: MM – DD – YYYY

Title **

**Title is only needed if filing for a business entity or something other than an individual.