

**SUBARU CLASS ACTION
GROUP MEMBER QUESTIONNAIRE FORM**

Whisson v Subaru (Aust) Pty Ltd

The person named below provides the following information in respect of their claim.

Unless indicated below, please answer **all questions** to the best of your ability having made reasonable inquiries.

You can complete this form online at www.takataclassaction.com.au; or submit a copy of this PDF form by (a) email to: contact@takataclassaction.com.au or (b) post addressed to Clarety Solutions, GPO Box 2566, Sydney NSW 2001.

If you have questions about how to complete this questionnaire, please call 1300 476 493.

Section 1 - Group member name and contact details

1. Who is the registered owner of the Subaru vehicle?
Name of the registered owner
2. If you are not the registered owner of the vehicle, please provide your name and the authority you rely on to complete this form on behalf of the registered owner (identified above).
Your name
Authority you rely on (e.g. company director, lawyer)
3. What are your contact details?
Mobile number.....
Postal address.....
Email address.....

Section 2 - Details of your Subaru vehicle

4. What is the model and year of your vehicle?
Model (e.g. Corolla) and year
5. What is the Vehicle Identification Number (**VIN**) or registration number of your car?
Your VIN is a unique 17 character serial number that can be found on your vehicle (such as the passenger side door sill) or in documentation (such as registration papers).
VIN:.....
Registration number:.....
6. Do you still own or lease your vehicle? (Please tick)
 Yes No
7. Did you own or lease your vehicle on **27 February 2018**? (Please tick)
 Yes No

**IF YOU ANSWERED NO, YOU ARE NOT A GROUP MEMBER
AND CANNOT PARTICIPATE IN THE SUBARU CLASS ACTION.**

Section 3 - Details of the purchase or lease of your Subaru vehicle

8. When did you acquire (whether by purchase or lease) your vehicle?
Day / Month / Year
9. Was your vehicle new or second hand when you acquired it? (Please tick)
 New Second hand
10. Did you acquire your vehicle by purchasing it, or by leasing it? (Please tick)
 Purchase Lease
11. If you ticked "**Purchase**" in question 10 above, how much did you pay for your vehicle?
Please write "N/A" if you did not pay for your vehicle (for example, because it was a gift)
Sale price \$
12. If you ticked "**Lease**" in question 10 above:
(a) How long was the lease?
Years Months

(b) If your lease expired, did you purchase your vehicle *after* the lease expired? (Please tick)

Yes No Not applicable

(c) If you ticked "**Yes**" in question 12(b) above, how much did you purchase it for?

Please write "N/A" if you did not pay for your vehicle (for example, because it was a gift)

Purchase price \$

Section 4 – Details of the sale of your Subaru vehicle

*You **only** need to complete Section 4 if you sold your vehicle*

13. Approximately when did you sell your vehicle? Month / Year

14. How much did you sell your vehicle for?

Please write "N/A" if you did not receive payment for your vehicle (for example, because you gifted it to someone else)

Purchase price \$

Section 5 – Replacement of the Takata airbags in your Subaru vehicle

15. Have you had the airbag(s) in your vehicle replaced as part of the recall for Takata airbags? (Please tick)

Yes

(Please provide approximate date the airbag(s) were replaced:

First replacement: Month...../ Year.....

Second replacement (if any): Month...../ Year.....)

No (Please go to section 7)

Section 6 – Details of costs that you are claiming

You may be contacted in the future to provide supporting material for your claim

16. Did you incur any costs in attending the service centre for the replacement of the airbags in your vehicle? (Please tick)

For example, the cost of travelling to / from the service centre (i.e. did you need to take a taxi, take time off work that you weren't paid for, or travel on public transport etc to attend the service centre?).

Yes No

If you ticked "**Yes**" in question 16 above, please specify the type of costs and the amount claimed

Type of cost(s).....

Amount(s) claimed \$

17. What is the approximate distance between the place you normally garage your vehicle (which may be your home address) and the location of the service centre that you attended for the replacement of the airbag/s in your vehicle?

KMs:

18. Do you wish to claim any **other** losses due to the presence of a Takata Airbag in your vehicle? (Please tick)

For example, this may include the loss of use of your vehicle (including the cost of any replacement car and associated expenses such as taxis that you had to use while your airbag was being replaced, or for any period of time that you did not use your car because it had an airbag subject to the safety recall), lost wages, child care arrangements, other expenses or any other type of loss that you may have incurred in connection with either having your airbag/s replaced and/or not using the vehicle because it had an airbag subject to the safety recall.

Yes No

If you ticked "**Yes**" in question 18 above, please specify the type of costs and the amount claimed

Type of cost(s).....

Amount(s) claimed \$

Section 7 – Group Member declaration

I confirm that the information I have provided in this form is true and complete.

Date:

Name:

Signature: