



SUBARU CANADA, INC.

560 Suffolk Court
Mississauga, ON
L5R 4J7

t: 905-568-4959

f: 905-568-8087

www.subaru.ca

Mail In - CVT Warranty Enhancement Program Reimbursement Claims

Eligible Reimbursements

You may be eligible for reimbursement if you paid to have your vehicle's CVT repaired or replaced following the expiration of the original Major Component Warranty prior to December 1, 2017. This includes reimbursement for repairs or replacement made at a facility other than an authorized Subaru Dealer.

You must have paid an out-of-pocket expense for repair or replacement of the CVT. This includes any deductible expense or partial reimbursement for repairs.

If Subaru Canada, Inc. has previously provided partial coverage for a repair, only the portion that was not covered is eligible for reimbursement.

To the extent not previously reimbursed, you may be reimbursed if you previously paid out-of-pocket for (1) costs associated with diagnoses of a CVT related concern, and/or (2) a repair or replacement of the CVT.

To receive a reimbursement, please submit the form below, together with the following:

1. Work order or invoice from an authorized Subaru dealer indicating a CVT repair or replacement was required.

2. Attach an official work order or invoice that shows:
 - Owner's name
 - Repair date
 - Vehicle Mileage at time of repair
 - Type of repair performed (including the parts repaired/replaced)
 - VIN, make, and model
 - Facility name, address, and phone number that performed the repair

3. Proof of payment, such as a copy of the canceled check, bank statement, cash receipt, or credit card receipt showing that you paid for the repair.

Handwritten receipts or documents are not sufficient for proof of out-of-pocket expenses.



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CVT Reimbursement Claim Form

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone #: _____

Vehicle ID Number (VIN-17 digits): _____

In order to protect your privacy, authorized Subaru dealers are unable to provide Subaru Canada, Inc. with receipts, invoices, or other documents related to CVT diagnosis or repair. Please reach out to your Dealer and obtain these records before submitting this form.

By signing this form, you are certifying that you have not already been reimbursed for any of the products and/or services except as reflected on the documents you are submitting. If you were partially reimbursed, please attach the document(s) that show how much you were reimbursed.

By signing this form, you are certifying that you were the legal owner of the vehicle during the time these expenses were incurred.

By signing this form and participating in the reimbursement process that follows, you hereby release Subaru Canada, Inc, Subaru of America, Fuji Heavy Industries, Subaru Corporation, authorized Subaru dealers, and any affiliates, agents, and associates from all claims or actions related to CVT repair or replacement.

Signature: _____ Date: _____

Mail Claim Form with Paperwork by February 28, 2018 to:

Subaru CVT Enhancement Program

P.O Box 190

Richmond Hill, ON

L4B 4R5