

Occupant Safety Systems Direct Purchaser Antitrust Litigation
PO Box 5110
Portland, OR 97208-5110

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

**IN RE AUTOMOTIVE PARTS ANTITRUST
LITIGATION**

**CASE NO. 12-MD-02311
HON. MARIANNE O. BATTANI**

In Re: OCCUPANT SAFETY SYSTEMS CASES

**THIS RELATES TO:
ALL DIRECT PURCHASER ACTIONS**

12-cv-00601-MOB-MKM

CLAIM FORM

**Important Notice to Purchasers of Occupant Safety Systems
Please Read This Entire Document Carefully**

You Must Complete And Mail This Proof Of Claim, Postmarked On Or Before August 10, 2015, To Be Eligible To Share In The Distribution Of The Proceeds Of Settlements With The Autoliv Defendants And, Subject To Court Approval, The TRW Defendants

Instructions for Completing Claim Form

If you are a direct purchaser of Occupant Safety Systems (and have not excluded yourself from the Autoliv and TRW settlement classes), you may be entitled to share in the distribution of the \$35.6 million settlement reached with Autoliv Inc., Autoliv ASP, Inc., Autoliv B.V. & Co. KG, Autoliv Safety Technology, Inc., and Autoliv Japan Ltd. (collectively, "Autoliv") and, subject to Court approval, the \$8 million settlement reached with Defendants TRW Deutschland Holding GmbH and TRW Automotive Holdings Corp. (collectively, "TRW") (the "Settlement Fund"). To receive your share of the Settlement Fund you must submit a timely and valid Claim Form in accordance with the instructions set forth herein.

Please note that if you have chosen to be excluded from the Autoliv settlement class you may not participate in the distribution from the Autoliv settlement funds, and if you chose to be excluded from the TRW settlement class you may not participate in the distribution from the TRW settlement funds.

Eligibility: You are eligible to submit a claim seeking to share in the distribution of the Settlement Fund in this litigation if, during the period from January 1, 2003 to February 25, 2015, you purchased Occupant Safety Systems in the United States **directly** from one or more of the following companies: (1) Autoliv Inc.; (2) Autoliv ASP, Inc.; (3) Autoliv B.V. & Co. KG; (4) Autoliv Safety Technology, Inc.; (5) Autoliv Japan Ltd.; (6) Takata Corporation; (7) TK Holdings, Inc.; (8) Tokai Rika Co., Ltd.; (9) TRAM, Inc. d/b/a Tokai Rika U.S.A. Inc.; (10) Toyoda Gosei Co., Ltd.; (11) Toyoda Gosei North America Corporation; (12) TG Missouri Corporation; (13) TRW Automotive Holdings Corp.; (14) TRW Deutschland Holding GmbH; or (15) any co-conspirator of these companies.

As used here, "Occupant Safety Systems" means seat belts, airbags, steering wheels or steering systems, safety electronic systems and related parts and components.

Submission of Claim: Each Claim Form must be signed and verified by the claimant or a person authorized to act on behalf of the claimant, and must be **postmarked no later than August 10, 2015**, and addressed to:

Settlement Administrator
Occupant Safety Systems Direct Purchaser Antitrust Litigation
PO Box 5110
Portland, OR 97208-5110

Do **not** send your Claim Form to the Court or to any of the parties or their counsel. If you receive multiple copies of the Claim Form, complete only one Claim Form covering all of your qualifying purchases. Do not submit more than one claim, and do not submit duplicate claims.

Confirmation of Receipt of Claim: The receipt of a claim will **not** be confirmed or acknowledged automatically by the Settlement Administrator. If you wish to have confirmation that your Claim Form has been received, send it by certified mail, return receipt requested.

Photocopies of Form: A claim may be submitted on a photocopy of the Claim Form. Other forms, or altered versions of the Claim Form, will not be accepted. Additional copies of the Claim Form may be requested from the Settlement Administrator and also may be obtained on-line at www.autopartsantitrustlitigation.com.

Completion and Support of Claim: Please type or neatly print all requested information. Failure to complete all parts of the Claim Form may result in denial of the claim, may delay processing, or may otherwise adversely affect the claim. All information submitted in a Claim Form is subject to further inquiry and verification. The Settlement Administrator may ask you to provide supporting information. Failure to provide such requested information also might delay, adversely affect, or result in denial of the claim.

The Claim Form asks for certain information relating to your purchases of Occupant Safety Systems, as well as an explanation of the available documentation (such as account statements and extracts of books and records) that supports your claimed purchases.

ONLY INCLUDE IN YOUR CLAIM FORM PURCHASES OF OCCUPANT SAFETY SYSTEMS THAT YOU MADE IN THE UNITED STATES *DIRECTLY* FROM ONE OR MORE OF THE COMPANIES LISTED ABOVE UNDER THE "ELIGIBILITY" HEADING DURING THE PERIOD FROM JANUARY 1, 2003 TO FEBRUARY 25, 2015.

Claims of Separate Entities: Each corporation, trust, or other business entity making a claim must submit its claim on a separate Claim Form.

Taxpayer Identification Number: A Claim Form is not complete without the federal taxpayer identification number of the claimant.

Identity of Contact Person: Provide the name, telephone number and e-mail address of the person to be contacted about the information in your Claim Form.

Assistance: If you have any questions about your claim, you may contact the Settlement Administrator at the above address. You may also contact your own attorney or other person to assist you, at your own expense.

Keep a Copy: You should keep a copy of your completed Claim Form for your records. You should also retain all of your documents and records relating to **direct** purchases of Occupant Safety Systems in the United States from any of the listed companies during the period from January 1, 2003 through February 25, 2015. As part of the claims administration process, you may be required to verify certain information about your Occupant Safety Systems purchases such as the Occupant Safety Systems product(s) purchased, the dollar amount(s) purchased, the date(s) of the purchases, and the company(ies) from which you directly purchased the Occupant Safety Systems. If verification of your purchases is sought as part of the claims administration process, you may need to submit purchase records to verify your claim.

NOTICE REGARDING SOLICITATIONS FROM CLAIMS ASSISTANCE COMPANIES: THERE ARE COMPANIES THAT WRITE OR CALL CLASS MEMBERS AND OFFER THEIR SERVICES IN FILING CLAIM FORMS OR PROVIDING OTHER INFORMATION ABOUT POTENTIAL RECOVERY OF MONIES IN CLASS ACTIONS IN EXCHANGE FOR A PORTION OF ANY SETTLEMENT FUNDS THAT THE CLASS MEMBER MAY ULTIMATELY RECOVER. PLEASE BE ADVISED THAT THESE COMPANIES ARE NOT AFFILIATED WITH PLAINTIFFS, DEFENDANTS OR COUNSEL FOR PLAINTIFFS OR DEFENDANTS AND YOU DO NOT NEED TO USE ONE OF THOSE COMPANIES TO ASSIST YOU OR HELP YOU IN FILING A CLAIM.

[CLAIM FORM STARTS NEXT PAGE]

**THIS CLAIM FORM MUST BE SENT TO THE FOLLOWING ADDRESS,
POSTMARKED NO LATER THAN AUGUST 10, 2015:**

Settlement Administrator
Occupant Safety Systems Direct Purchaser Antitrust Litigation
PO Box 5110
Portland, OR 97208-5110

A Claim Form received by the Settlement Administrator shall be deemed to have been submitted when posted if it is mailed by August 10, 2015, a postmark is indicated on the envelope, and it is mailed and addressed in accordance with the above instructions. In all other cases, the Claim Form shall be deemed to have been submitted when actually received by the Settlement Administrator.

You should be aware that it will take a significant amount of time to process fully all of the Claim Forms and to administer the Settlement Fund. This work will be completed as promptly as time permits, given the need to review each Claim Form.

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.

THANK YOU FOR YOUR PATIENCE

Reminder Checklist:

1. Please sign the Claim Form on page 6.
2. Please be sure that **all** required information has been provided.
3. Your claim may be subject to review and verification by the Settlement Administrator. Accordingly, you should maintain all of the documentation supporting your claim while claims are being processed.
4. Keep a copy of the completed Claim Form for your records.
5. If you desire an acknowledgment of receipt of your claim, please send it by certified mail, return receipt requested.
6. If you move after submitting your Claim Form, please promptly send the Settlement Administrator your new address.

If you have any questions concerning this Claim Form or need additional copies, contact the Settlement Administrator at: Occupant Safety Systems Direct Purchaser Antitrust Litigation, PO Box 5110, Portland, OR 97208-5110, or at 1-877-797-6093. Copies of the Claim Form also may be obtained online at www.autopartsantitrustlitigation.com.

