



2014-2017 INFINITI QX60 Hybrid vehicles (HPCM) Hybrid Powertrain Control Module Reimbursement Claim Form

Please print clearly to avoid delays in processing.

FIRST NAME:	LAST NAME:	
ADDRESS 1:		
ADDRESS 2:		
CITY:	STATE:	ZIP CODE:
DAYTIME PHONE:	EVENING PHONE:	
EMAIL ADDRESS:		
VEHICLE MODEL:	MODEL YEAR:	
VIN:		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<u>CERTIFICATION</u>		
<p>I (We), _____, hereby submit this form requesting reimbursement for expenses incurred in connection with a repair/replacement/reprogram of the hybrid powertrain control module on my MY14-17 Infiniti QX60 Hybrid. I certify that these repairs have been made to this vehicle and that they were not previously paid for, in whole or in part, by Nissan. I request reimbursement in the amount of \$ _____. True and correct copies of documents in support of this request are attached. I (we) understand that this document is signed under penalty of perjury.</p>		
OWNER SIGNATURE:	DATE:	
CO-OWNER SIGNATURE:	DATE:	

INSTRUCTIONS:

1. Please completely fill out, sign, and date this form.
2. Provide the following documents, which are **required** to process your request.
(Please mark out all personal account numbers on statements for your privacy.)

- Copy of **REPAIR ORDER(S)**
- **PROOF OF PAYMENT** (any *one* of the following):
 - Copy of credit card receipt; or
 - Copy of credit card statement;
 - Copy of cancelled check; or
 - Copy of checking account statement
- **PROOF OF OWNERSHIP** (any one of the following) :
 - Insurance Card with Name, Address, and VIN; or
 - Copy of Title or Certificate of Title or
 - Bill of Sale or
 - Vehicle Registration or
 - Verification from Company owned vehicle person is Authorized Driver

3. Mail fax or email the completed form and all required documents to the following:

INFINITI Client Services
PO Box 685003
Franklin, TN 37068-5003

FAX: (615) 967-2900
Phone: (800) 662-6200, Option 7
Email: infinitiassist@infiniti.com

The estimated processing time is within 30 days *from the date INFINITI receives your request.*