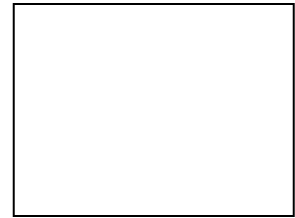


Exhibit E

This form must be submitted or postmarked on or before _____, 2026

CLAIM FORM TO RECEIVE REIMBURSEMENT FOR ELIGIBLE PAST EXPENSES IN CRAFT v. BMW OF NORTH AMERICA, LLC, Craft v. BMW of North America, LLC, No. 2:24-cv-06826-WJM-CF (D.N.J.)



GENERAL INSTRUCTIONS

You may be eligible for reimbursement for costs (parts and labor) for repair or replacement of the Shark-Fin Antenna, telematics unit, and battery for the telematics unit in your Class Vehicle.

Complete this form only if you wish to make a claim for reimbursement of eligible Settlement expenses related to certain 2019-2020 BMW X3, X4, X5, X6, or X7 vehicles. Please refer to Questions 6 through 8 on the Notice form for more information and limitations.

To receive a payment under this Settlement, you must submit a claim on or before the later of 30 days after the date of Final Approval of the Settlement or the Effective Date of the Settlement, to be posted on the Settlement Website but estimated to be _____, 2026.

Claim Forms may be submitted electronically at [www.\[insert website\].com](http://www.[insert website].com) or, using this Claim Form, by mail to the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. Mail to:

Craft Claims Administrator
c/o Kroll Settlement Administration LLC
[P.O. Box _____]
[City, State, ZIP Code]

PLEASE COMPLETE THIS CLAIM FORM ONLY IF YOU ARE SEEKING REIMBURSEMENT BENEFITS FOR PRIOR REPAIRS.

Questions? Call toll-free _____ or visit [www.\[insert website\].com](http://www.[insert website].com).

I. SETTLEMENT CLASS MEMBER INFORMATION

You must supply all of the following information

to receive reimbursement for eligible past expenses under this Settlement.

Name: _____

Address: _____

Email: _____

BMW Model Year: 20 __ __ Model: _____ (ex: X5)

Vehicle Identification Number: _____

(The VIN has 17 characters and can be found on the metal plate at the bottom of the driver’s side front windshield or on your sale or title documents. When providing your VIN, please note that VINs only use numbers not letters.)

Date of Purchase/Lease: _____

Location of Prior Repair or Replacement on the above Class Vehicle (select one):

Authorized BMW dealer

Independent repair shop

PLEASE COMPLETE THIS CLAIM FORM ONLY IF YOU ARE SEEKING REIMBURSEMENT BENEFITS FOR PRIOR REPAIRS.

PLEASE SEE QUESTIONS 6 THROUGH 8 ON THE NOTICE FORM FOR MORE INFORMATION AND LIMITATIONS.

Questions? Call toll-free _____ or visit [www.\[insert website\].com](http://www.[insert website].com).

II. CLAIMS REIMBURSEMENT FOR PAST EXPENSES

You must submit this Claim Form to obtain reimbursement for a prior repair or replacement of the Shark-Fin Antenna, telematics unit, and battery for the telematics unit on your Class Vehicle. If the Claims Administrator approves your claim, you may be entitled to full reimbursement of any prior costs incurred at a BMW Center (dealer) for any Shark-Fin Antenna repairs, or up to \$2,000 in costs incurred at an independent repair shop for one Shark-Fin Antenna repair. You must submit documents showing:

- That the replacement was made at an authorized BMW dealer (e.g., a BMW Center), or at an independent repair shop; *and*
- If made at an independent repair shop, the business license or authorization that proves the shop is registered with the state; *and*
- Your Settlement Class Vehicle’s model, model year, and VIN; *and*
- The identity of the owner/lessee of the Settlement Class Vehicle; *and*
- That your Settlement Class Vehicle had fewer than 10 years and 120,000 miles at the time of the repair, as evidenced by proof such as a repair order with vehicle mileage at the time of replacement or service records from before and after the replacement; *and*
- The cost of repair, with parts and labor separated; *and*
- Proof of payment for the amount(s) sought for reimbursement (credit card receipt, credit card statement, or cancelled check); *and*
- The nature of the repair; *and*
- The part(s) description and part number(s) used in the repair; *and*
- The date of repair.

Use the boxes above to confirm you’ve provided the required information.

Total Amount of Repair or Replacement Costs Claimed: \$ _____

COMPLETED CLAIMS FORMS CAN BE SUBMITTED BY MAIL OR ONLINE.

IF SUBMITTING BY **MAIL**, COMPLETE THIS CLAIM FORM AND MAIL IT, POSTMARKED ON OR BEFORE the later of 30 days after the date of Final Approval of the Settlement or the Effective Date of the Settlement, to be posted on the Settlement Website but estimated to be _____, **2026** to:

Craft Claims Administrator
[PO Box _____]
[City, State, ZIP Code]

Questions? Call toll-free _____ or visit [www.\[insert website\].com](http://www.[insert website].com).

IF SUBMITTING **ONLINE**, COMPLETE AND SUBMIT THE CLAIM FORM AVAILABLE AT [WWW.\[INSERT WEBSITE\].COM](http://WWW.[INSERT WEBSITE].COM) ON OR BEFORE the later of 30 days after the date of Final Approval of the Settlement or the Effective Date of the Settlement, to be posted on the Settlement Website but estimated to be _____, **2026**.

Questions? Call toll-free _____ or visit [www.\[insert website\].com](http://www.[insert website].com).

III. CLAIMANT DECLARATION

I declare under penalty of perjury that the information above and the documents I have supplied are true and correct.

Signed on: _____

(DD/MM/YYYY)

in _____, _____.
(City) (State)

(Sign your name here)

(Type or print your name here)

(Capacity of person signing - if applicable)

Questions? Call toll-free _____ or visit [www.\[insert website\].com](http://www.[insert website].com).