Thinkware Claims Administrator
P.O. Box 1349
Baton Rouge, LA, 70821

Your Claim Form must be postmarked or submitted online no later than December 14, 2026

Ratzak v. Thinkware Systems USA, Inc.

Superior Court of the State of California, County of Placer, Case No. S-CV-0049793

CLAIM FORM

You may submit a Claim Form if you are a resident in the United States who purchased the following Thinkware Products ("Class Products") between January 25, 2019 and August 31, 2024: X700 dash cams, F200PRO dash cams, DC-M2-FG-IR dash cams, DC-M2-FG dash cams, and F70PRO dash cams.

The easiest way to submit a claim is online at www.TWCameraSettlement.com, or you can complete and mail this Claim Form to the Claims Administrator at the address above. Your claim must be submitted online or postmarked by **December 14, 2026**.

YOUR INFORMATION

First Name* | Middle Initial | Last Name*

Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*

City* | State* | Zip Code*

Current Email Address* | Phone Number

Settlement Claim ID (if known)

*Select Preferred Payment Option:

☐ Physical Paper Check ☐ Digital Payment (Email Address Required)

PURCHASED CLASS PRODUCT INFORMATION

In the appropriate boxes below, select or enter the relevant information for each Class Product you purchased between January 25, 2019 through August 31, 2024.

Class Members may select the number of each Product they purchased during the Class Period and will receive a weighted *pro rata* distribution of the Total Distributable Settlement Fund, depending on the number of claims made and the total number and distribution of Class Products claimed.

If you did not receive a Settlement Claim ID, please provide proof of purchase, purchase location, date, and serial number associated with your Thinkware DashCam. **If any Class Member wishes to make a claim for more than 1 Class Product, you must include proof of purchase with your claim submission.**

Thinkware Class Product (i.e. X700, F200PRO, DC-M2-FG-IR, DC-M2-FG, and F70PRO dash cams)	Quantity Purchased	Purchase Location	Approximate Date of Purchase	Serial Number

SIGNATURE

I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Claims Administrator before my claim is complete.

Signature | **Printed Name** | **Date**