C A N A D A

PROVINCE OF QUEBEC
DISTRICT OF QUEBEC

N°: 200-06-000251-200

S U P E R I O R C O U R T
(Class Actions Division)

JACQUES DANIEL

Applicant

v.

LOJACK CANADA ENTREPRISES ULC

Defendant

CLAIM FORM

To be eligible to receive monetary compensation, a Class Member must submit a duly completed Claim Form and Proof of Claim during the Claims Period to the Claims Administrator.

The Claims Period begins thirty (30) days following the publication of the Notice of the Approval of the Transaction and ends one hundred twenty (120) days after such date, from September 14, 2026, to January 12, 2027.

All Claims received after the Claims Period will be automatically refused.

The Claim may be submitted by either of the following manners:

By email to the following address:	**By mail to the following address:**
lojackclaims@calamp.com	LoJack Canada Enterprises ULC Attention of: LoJack Claims Administrator 2200 Faraday Ave, Suite 220 City of Carlsbad State of California, 92008 United States of America

Please fill all the information required below.

A. Personal information

First name:	
Last name:	
Address:	

City:			
Province:		Postal code:	
Daytime phone number:			
Email:			
Preferred language of correspondence:	☐ English ☐ Français		
Preferred method of correspondence:	☐ Email ☐ Postal Mail		

B. Details of Claim

Please check the appropriate box to indicate your answer to the following questions.

1. Did you enter into a fixed term contract with LoJack for services of successive performance pertaining to a LoJack Branded Tracking Device (the "**Contract**")?

   ☐ Yes
   ☐ No

2. Was the termination date of the Contract after June 30, 2020? If so, please indicate below the termination date of the Contract.

   ☐ Yes
   ☐ No

   Date: _____

3. On June 30, 2020, did you own or lease a vehicle in which a LoJack Branded Tracking Device was installed pursuant to the Contract?

   ☐ Yes
   ☐ No

4. If the termination date of the Contract was after June 30, 2020, were you reimbursed (in whole or in part) for the advances paid to LoJack in excess of the services that were received following the termination of the Contract by LoJack?

   ☐ Yes
   ☐ No

5. If your answer to the previous question was Yes, please give further details on the reimbursement you received in the box below.

☐ Not applicable

Please add further details here.

C. Proof of Claim

Please submit the following documents attached to this Claim Form:

1. A copy of one valid identification document (for example, driver's license, health card or passport); **AND**
2. The original Contract or a copy thereof; **OR**
3. Any secondary evidence that proves that you owned or leased a vehicle in which a LoJack Branded Tracking Device was installed on June 30, 2020 (for example, bank statements, insurance policy, vehicle maintenance invoices or other proof of installation of the device by an authorized third-party, the letter from LoJack regarding the end of services, etc.); **AND**
4. Any other document that you deem relevant or that the Claims Administrator deems necessary, if applicable.

If you are unable to submit the original Contract, please ensure that the secondary evidence previously mentioned contains the following information:

1. The duration or length of the Contract; **AND**
2. The date on which the Contract came into force and/or the date on which the LoJack Branded Tracking Device was installed; **AND**
3. The amount you paid to LoJack.

D. Declaration

Please fill the following declaration.

☐ I declare or affirm that the information contained in this Claim Form as well as in the supporting documents submitted as Proof of Claim are accurate and truthful, that I can make this Claim and that I am duly authorized to submit this Claim. I understand that my Claim may be subject to verification, audit and judicial review. I also understand that if my Claim is determined to be fraudulent, I will not receive any compensation.

E. Signature

Signature of the Claimant: _____

Date: _____