

10155206

Customer Reimbursement Claim Form

This section to be completed by Claimant

Date Claim Submitted: 2/27/06 via fax, 3/20/06 via mail, 3/24/06 again

17-Character Vehicle Identification Number (VIN): YS3EF582713 [redacted]

Mileage at Time of Repair: 110,119 Date of Repair: 5/26/05

Claimant Name (please print): [redacted]

Street Address or PO Box Number: [redacted]

City: Sancho Cucamonga State: CA Zip Code: [redacted]

Daytime Telephone Number (include Area Code): [redacted]

Evening Telephone Number (include Area Code): [redacted]

Amount of Reimbursement Requested: \$ 1,326.89 Saab dealer + \$189.82

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM.

Enterprise rental car

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment. *paid by debit "Mastercard" (see monthly statement)*
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense incurred for the repair covered by this recall.

Claimant's Signature: [redacted]

EXECUTIVE SECRETARIAT
2006 APR -5 A 9:22

Please mail this claim form and the required documents to:

Saab Customer Assistance Center
4405-A International Blvd.
Norcross, GA 30093
Attention: IDM Recall

Reimbursement questions should be directed to the following number:
1.800.955.9007

cc: Administrator, National Highway Traffic Safety Administration,
400 Seventh St, SW, Washington, DC 20590

*WAK
aad
4/6/06*



SAAB CARE USA, INC.

March 13, 2006

MINIMAL TOUS-DIGIT 012

235/10/51060

Red Cucamonga, CA



Dear [REDACTED],

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Saab Automobile AB has decided that a defect, which relates to motor vehicle safety, exists in certain 2000-02 Saab 9-3/9-5 model vehicles with 4-cylinder engines and 2001 Saab 9-5 model vehicles with 6-cylinder engines. The ignition discharge module (IDM) may break down due to an electrical overload. This condition may occur during a start attempt, resulting in the engine not starting. In rare cases this condition may occur during driving.

Our records indicate that you are the current owner of a vehicle that is affected by this recall.

At your earliest convenience, please make an appointment with your authorized Saab dealer to have the ignition discharge module checked and, if necessary, replaced.

The work will take less than an hour and is, of course, free of charge for you.

If, after contacting your Saab dealer, you are still not satisfied that we have done our best to remedy this condition without charge and within a reasonable time, you may wish to write the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590 or call 1.888.327.4236.

If you have sold your car, if it has been stolen or subjected to a total insurance loss, we would appreciate you notifying us about this by completing the detachable card and mailing it back in the return envelope.

If you have experienced this condition and have paid for related repairs, please complete the enclosed reimbursement form and submit all receipts to Saab Customer Assistance Center, 4405-A International Blvd., Norcross, GA 30093, Attention: IDM Recall.

Saab Automobile AB appreciates your cooperation and understanding regarding this recall and we will do our best, along with your dealer, to minimize the inconvenience. We have, however, taken this action in the interest of your continued safety and satisfaction with our products.

Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

Yours faithfully,

Saab Automobile USA

Enclosure
15021/05087

Confirmation Report—Memory Send

Mailed 3/20/06

Time : Feb-27-06 02:17pm
Tel line 1 :
Name :

Job number : 077
Date : Feb-27 02:15pm
To :
Document Pages : 04
Start time : Feb-27 02:15pm
End time : Feb-27 02:17pm
Pages sent : 04
Job number : 077

*** SEND SUCCESSFUL ***



2/27/06

Kristi Sjöholm-Sierchio

To: Saab Cars USA, Inc. Attn: Maritza
 For Your Approval For Your Signature
 For Your Information Per Request #1-78-708-717
 For Your Files Please Return
 Please Handle Reimbursement Please Discuss With Me
 For Your Review / Comments

Dear Customer Care:

I had to replace 2 IPMA's
last year due to the failure
described in your pre-recall
letter. See attached invoice
substantiating \$1,251.68 spent.
I request that Saab review
and reimburse me
accordingly. Thank you,

[Redacted signature area]

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**