CL-10228420-6451

2008 MAY 14 AM 7:19

Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170

I am requesting reimbursement of $ 11,223.50. This is the amount that I had to pay for a replacement vehicle less the insurance settlement as a result of my 2000 Buick Regal, VIN 2G4WF5517Y1[redacted] being destroyed by fire on 9/25/2007 by drops of engine oil spilling on the exhaust manifold from the rocker cover gasket. A safety recall notice was sent on April 2008 to correct this defect.

It appears that over 200 Buick Regal vehicles have caught fire and many caused property damage where they were garaged.

I am requesting reimbursement for the replacement vehicle that I had to purchase due to this defect and the risk my family occurred by owning the defective 2000 Buick Regal that could have caused loss of life and property damage as I garaged this vehicle in my attached garage.

This amount does not include additional personal property tax and additional insurance cost for the replacement vehicle.

I am very disappointed in GM allowing defective vehicles to be driven that could have resulted in loss of life and/or property. I am also very disappointed in GM attitude concerning their liability to customers who unknowingly purchased and drove these defective vehicles. I promptly reported my vehicle fire to GM which did not acknowledge any other reports of 2000 Buick Regal being damaged by fire.

Thank you for your prompt attention to this matter.

Sincerely

[redacted]

Cc National Highway Traffic Safety Administration

MC 05/14/08 10:20 KB

Customer Reimbursement Claim Form

This section to be completed by Claimant

Date Claim Submitted: May 7, 2008

17-Character Vehicle Identification Number (VIN): 2G4WF5517Y1 [redacted]

Mileage at Time of Repair: 106,000 Date of Repair: 9/25/07

Claimant Name (please print): [redacted]

Street Address or PO Box Number: [redacted]

City: Richmond State: VA Zip Code: [redacted]

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

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

Amount of Reimbursement Requested: $ 11,223.50

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM.

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.
  (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 I incurred for the repair covered by this recall.

Claimant's Signature: [redacted]

Please mail this claim form and the required documents to:

Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170
Reimbursement questions should be directed to the following number:
1-800-204-0261