

[REDACTED]
Astoria, OR [REDACTED]

8/10/2014

To whom it may concern,

AUG 19 2014

I have a **1999 Chevrolet Malibu, VIN # IGIN52TOX6** [REDACTED] I purchased it on 7/26/1999, as a new car at **Curt Warner Chevrolet Inc., PO Box 871060, Vancouver, WA, 98686-1060.**

I have had a problem starting the engine, as the theft device comes on and blinks from 8 minutes to 30 minutes before the blinking ends and allows me to start the car. It does not happen every start time, but TOO often.

I have taken this car to the dealer I bought from but they told me that it is a factory problem and they have no way to fix it!

I called the GM Texas office and the lady told me, I'll call you back. She did, and asked me to take my car to **Carr Chevrolet, 15005 S. W. Tualitin Valley Rd., Beaverton, OR, 97006, phone # 866-982-1542.**

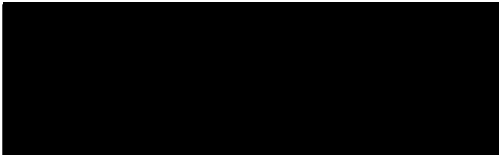
The next day I went there and they had the appointment for me, but the service manager told me that this was not repairable there, sorry! He never even got out of his chair! Please note that this is a two hundred mile trip for me from my home.

Later that day I called the GM office in Texas and told her what the shop manager told me about my car at Carr Chevrolet. Her response was that I was in need of a new car!

The owner's manual gave me the recall processing center information. They sent me to General Motors Special Policy Customer Reimbursement procedures and claim forms. I received these on 1/5/2005. I took these documents to our local Chevrolet dealer, **Hayward's Ocean Crest, 855 HWY 101, Warrenton, OR, 97146,** they told me they had no way to fix this!

I am sending this letter to you with copies in hopes to record this case officially with you and hopefully have a solution to the problem I am having with my car. I like this car, other than the theft device issue!

Sincerely,



*Copies of this letter sent to:
Chevrolet Motor Division
Chevrolet Customer Assistance Center
P.O. Box 7047
Troy, MI 48007-7047*

*NHTSA U. S. Department of Transportation
Washington DC 20590*

011 10000 1 10000 000 1 00100000 00



Recall Processing Center
P.O. Box 909989
Milwaukee, WI 53209-9989



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ASTORIA, OR





December 2004

Dear Chevrolet Customer:

As the owner of a 1999 model year Chevrolet Classic, your satisfaction with our product is very important to us.

This letter is intended to make you aware that some 1999 model year Chevrolet Classic vehicles may have a condition where the turn signal/hazard warning flashers become inoperative.

This is not a recall. Do not take your vehicle to your Chevrolet dealer as a result of this letter unless you believe that your vehicle has the condition as described above.

What We Have Done: General Motors is providing owners with additional protection for the turn signal/hazard warning flashers. If this condition occurs on your 1999 Chevrolet Classic within 10 years of the date your vehicle was originally placed in service or 150,000 miles, whichever occurs first, the condition will be repaired for you at **no charge**.

What You Should Do: Repairs and adjustments qualifying under this special coverage must be performed by a General Motors dealer. You may want to call the service department at your dealer to find out how long they will need to have your vehicle so that you may schedule the appointment at a time that is convenient for you. This will also allow your dealer to order parts if they are not already in stock. Keep this letter with your other important glove box literature for future reference.

Reimbursement: The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the special policy condition.

If you have any questions or need any assistance, just contact your dealer or the Chevrolet Customer Assistance Center between the hours of 8:00 AM and 11:00 PM, EST, Monday through Friday. They can be reached at 1.800.630.2438. The deaf, hearing impaired, or speech impaired should call Text Telephone (TTY), 1.800.833.2438.

We are sorry for any inconvenience you may experience; however we have taken this action in the interest of your continued satisfaction with our products.

Chevrolet Motor Division
General Motors Corporation

Enclosure
04098

**General Motors
Special Policy Customer Reimbursement Procedure**

If you have paid to have this special policy condition corrected prior to this notification, you may be eligible to receive reimbursement.

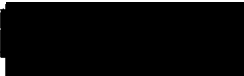
Requests for reimbursement may include parts, labor, fees, and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized General Motors dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check from General Motors,
- Denied, you will receive a letter from General Motors with the reason(s) for the denial, or
- Incomplete, you will receive a letter from General Motors identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have questions about this reimbursement procedure, please call the toll-free telephone number provided at the bottom of the form. If you have any questions or need assistance with any other concern, please contact the Chevrolet Customer Assistance Center between the hours of 8:00 AM and 11:00 PM, EST, Monday through Friday. They can be reached at 1.800.630.2438. The deaf, hearing impaired, or speech impaired should call Text Telephone (TTY), 1.800.833.2438.



**General Motors
Customer Reimbursement Claim Form**

This section to be completed by Claimant

Date Claim Submitted: _____

17-Digit Vehicle Identification Number (VIN): _____

Mileage at Time of Repair: _____ Date of Repair: _____

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: _____ State: _____ ZIP Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ _____

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 field action.

Claimant's Signature: _____

Please mail this claim form and the required documents to:

**General Motors Corporation
P.O. Box 33170
Detroit, MI 48232-5170**

All special policy reimbursement questions should be directed to the following number:
1-800-204-0261



Astoria OR

PORTLAND

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NHTSA U.S. DEPARTMENT OF TRANSPORTATION
WASHINGTON DC 20590

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