NM
11/13/14
MW

CL-10658453-8241

14116

General Motors Product Field Action
Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: [redacted] OCT 29 2014

Street Address or P. O. Box Number: [redacted]

City: Chicago State: IL Zip Code: [redacted]

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

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

Date Request Form and Supporting Documentation Submitted to Dealer: 10/18/14

Vehicle Identification Number of Involved Vehicle: Toyota Carola
(17 Characters)

Mileage at Time of Repair: 7126 Date of Repair: 04-06-2010

Amount of Reimbursement Requested: $ 1250

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST 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.
- Description of problem, the repair performed, date of repair and who performed the repair.
- The total cost of the repair expense that is being requested.
- Proof of payment for the repair in question and the date of payment.
  (Copy of cancelled check, copy of credit card receipt or receipt for cash payment)

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 letter.

Customer's Signature: [redacted]

Please provide this request form and the required documents to your General Motors dealer for processing. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-800-204-0261.

This section to be completed by dealer (please print)

Bulletin No.: _____ Request Approved: ____ Date: _____ Amount: $_____

Request Denied: ____ Date: _____ Reviewed By: _____

Reason: _____

If denied, please provide a copy of this form to the customer and retain original for your files

JM AUTO BODY REPAIR & General Mechanic

Tel. 773-863-0266
Fax 773-863-0268
[redacted]
MANUEL ROSAS
MANAGER

2423 W. 59th St. • Chicago, IL 60629

REPAIR ORDER

[redacted]

Chicago

Work Phone

City License No.

Date 4-16-10

Promised AM PM

Received AM PM

TERMS

Year, Make, Model, Color: 2006 Chevy Malibu Silver (2.2)

VIN: 1G[redacted]51F96F[redacted]

Odometer IN OUT

License No.

Motor No.

Written By: Lupe

QUAN.	PART NO. • MANUFACTURER • DESCRIPTION	PRICE	AMOUNT
	Dep. $600.00		
	Bal $600 — Come Back to		
	Install LH Front Door molding & Rim 5/25/10 Lupe		
	Replace Left fender		1250
	left Side Suspension		
	Left front rim & tire		
	Repl. LH Ft Door		
	Blend lh rear door		

PAID
Date 5/25/10 CK# CASH
$ 560.00

USE REVERSE SIDE HEREOF FOR ANY ADDITIONAL PARTS & SERVICE

TOTAL

Total Labor	1250
Total Parts	
Accessories	
Outside Repairs	
TAX	
TOTAL	1250

Motor Vehicle Repair Work - City of Chicago
Required under Chapter 4-228, Municipal Code

☐ I REQUEST THE RETURN OF PARTS REPLACED ☐ I DO NOT WANT REPLACED PARTS RETURNED TO ME.

You are entitled by law to the return of all parts replaced, except those which are too heavy or large, and those required to be sent back to the manufacturer or distributor because of warranty work or an exchange agreement. You are entitled to inspect the parts which cannot be returned to you.

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate, but will not exceed the estimate by more than 10% or $15.00, whichever is less, without your consent. You may waive your right to a written estimate and require that you be notified if the price exceeds an amount you have speified. You may waive your right to an estimate which gives the repair shop the right to set theprice without your permission.

YOUR SIGNATURE BELOW INDICATES YOUR SELECTION: choose (a), (b or (c)

(a) request on estimate in writing before you begin repairs. Signature _____

(b) proceed with repair but call me for approval before continuing if price exceeds $ _____

Signature _____

(c) I do not want an estimate and you may set the price of repairs.

Signature _____ Date _____ Time _____

Total Revised Cost $ _____ Explanation _____

Date / Time called _____ Phone _____ Ok'd by _____

Explanation _____

ALL REPAIR WORK AND ALL PARTS USED ARE:
☑ WARRANTED ☐ NOT WARRANTED
FOR A MINIMUM OF 90 DAYS AND/OR 3,000 MILES.

"ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER.THE SELLER (ABOVE NAMED DEALERSHIP) HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES.EITHER EXPRESSED OR IMPLIED INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY AND CONNECTION WITH THE SALE OF SAID PRODUCTS."

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for the purposes of testing, inspection or deliver at my risk. An expressed mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held respo[redacted]les left in vehicle in case of fire, theft, [redacted]ntrol.

Customer's Signat[redacted]

If outside addition[redacted]my consent.

Customer's Signature: _____

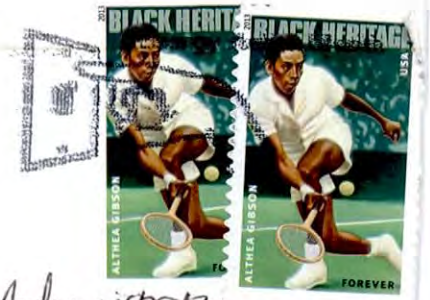
THANK YOU

[redacted]

Chicago FL [redacted]

S SUBURBAN IL 604

23 OCT 2014 PM 4 L



National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE.
Washington, DC 20590

20590