CI-10683342-4859

14115

General Motors Product Field Action
Customer Reimbursement Request Form

JAN 20 2015

This section to be completed by customer (please print)

Customer Name: [redacted]

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

City: Pasadena State: Ca Zip Code: [redacted]

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

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

Date Request Form and Supporting Documentation Submitted to Dealer: 1-5-2015

Vehicle Identification Number of Involved Vehicle: 1G8AV12F95Z[redacted]
(17 Characters)

Mileage at Time of Repair: 150,000 Date of Repair: 5/25/14

Amount of Reimbursement Requested: $ 145.00

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: $_____

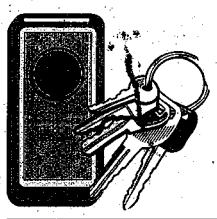
Request Denied: ____ Date: _____ Reviewed By: _____

Reason: _____

NM
21315
SMP

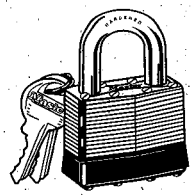
If denied, please provide a copy of this form to the customer and retain original for your files

[redacted]



ALTADENA LOCK & KEY

1371 North Lake Avenue
Pasadena, CA 91104
(626) 797-2606 • (626) 797-3550
Fax: (626) 797-7437



NAME [redacted]			DATE 5.25.14
ADDRE [redacted]			
Pasadena [redacted]		RES. PHONE	
LOCATION		BUS. PHONE	

QTY	DESCRIPTION	PRICE	AMOUNT
1	Ignition lock cly Replaced		145-00
	PAID		
	*30 DAY WARRANTY		

CUSTOMER'S SIGNATURE [redacted]

AUTHORIZATION FOR SECURITY/EMERGENCY SERVICES
I hereby certify that I have the authority to order the lock, key or security work designated above. Further, I agree to absolve the locksmith who bears this authorization from any and all claims arising from the performance of such work.

SIGNATURE [redacted] DATE 5.25.14

ADDRESS

IF AUTO

YEAR	MAKE	LICENSE/SERIAL NUMBER
2005	Saturn	

TOTAL MATERIALS	
TOTAL LABOR	
☐SERVICE CHARGE ☐ TRIP CHARGE	
SUBTOTAL	
TAX	
TOTAL	145 00

WORK ORDER
INVOICE

[redacted]

Pasadena California [redacted]

SANTA CLARITA CA 913

08 JAN 2015 PM 3 L

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

20590