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Received from BRC

State Farm Mutual Automobile  
Insurance Company

Home Office, Bloomington, Illinois 61710



October 02, 2009

SAAB CARS USA, INC  
ATTN: CUSTOMER AFFAIRS  
4405-A SAAB DRIVER  
PO BOX 9000  
NORCROSS GA 30091

State Farm Insurance  
101 State Farm Place  
Ballston Spa NY 12020  
800 594 0252 Fax 800 517 8391

**RECEIVED**

DEC 10 2009

ESIS-GM CLAIMS UNIT

RE: Claim Number: [REDACTED]  
Vehicle: 2007 Saab 9-3  
Date of Loss: August [REDACTED] 2009  
Cause of Loss: Vehicle Fire  
VIN: YS3FH71U276 [REDACTED]  
Insured: [REDACTED]

Dear Saab Cars USA, Inc:

While our insured's vehicle was under warranty with your company a vehicle fire occurred. We have paid for the vehicle damage and have provided documentation to support our claim.

Enclosed please find the vehicle repair estimate, proof of payment and vehicle photos. The payments issued by State Farm to date are as follows.

\$ 12303.69 incurred by State Farm  
500.00 incurred by [REDACTED] for his deductible  
12803.69 total damages

Please kindly forward the reimbursement of expense to our office. You may reimburse our insured directly for his \$ 500.00 deductible.

Thank you for your consideration in the matter.

[REDACTED]  
Julie Zeller  
Claim Representative  
State Farm Mutual Automobile Insurance Company  
1-800-594-0252 ext 2219

Created Payment

S3539F85

Clm: [REDACTED] Ins: [REDACTED] Pol: [REDACTED] DOL: 08-[REDACTED] 09

Payment no: [REDACTED]	Total: 4,682.39	Issued: 08-31-09
Payment status: PAID 09-09-09	Chgd by:	BMAP:
Authorized by: Vinik, Jessica	Repl no:	Consol pymt: N
Entered by: Vinik, Jessica	Bill amt:	EFT pymt: N
Billing ref:	Adj code:	Begin bill: - -
		End bill: - -

Remarks: supplement

Payee: [REDACTED]  
MANHASSET NY [REDACTED]

St & TIN: -

COL 1 to 1 of 1

— COL —	Amount	Pay Cd	Reporting Party	Rsn Cd
311 COMP	4,682.39	3	Named Insured(s)	

Created Payment S3539F85  
Clm: [REDACTED] Ins: [REDACTED] Pol: [REDACTED] DOL: 08-[REDACTED]-09

Payment no: [REDACTED] Total: 7,621.30 Issued: 08-25-09  
Payment status: PAID 09-09-09 Chgd by: BMAP:  
Authorized by: Zeller, Julie Consol pymt: N  
Entered by: Zeller, Julie Repl no: EFT pymt: N  
Billing ref: Bill amt: Begin bill: - -  
Adj code: End bill: - -

Remarks: payment for vehicle fire damage

Payee: [REDACTED] NORTH SHORE HONDA  
[REDACTED]  
MANHASSET NY [REDACTED]

St & TIN: 32-113056741

COL 1 to 1 of 1

— COL —	Amount	Pay Cd	Reporting Party	Rsn Cd
311 COMP	7,621.30	1	Named Insured(s)	

STATE FARM INSURANCE COMPANIES  
METRO NEW YORK ESTIMATICS  
1305 WALT WHITMAN ROAD  
MELVILLE, NY 11747  
SUPPLEMENT PHONE: 1-800-631-2280 FAX: 631-385-6606  
\*\*\* SUPPLEMENT 2 \*\*\*

08/11/2009  
S2 08/27/2009 05:08 PM

Owner  
Owner: [REDACTED]  
Address: [REDACTED]  
City State Zip: MANHASSET, NY  
Home/Day: [REDACTED]  
Work/Day: [REDACTED]  
Control Information  
Claim # : [REDACTED]  
Loss Date/Time: 08 [REDACTED] 2009 08:00 AM  
Loss Type: Comprehensive  
Deductible: \$500.00

Ins. Company: State Farm

Insured: [REDACTED]

Claim Rep: Fire-Theft Team Rep  
Work/Day: (800)594-0252

Inspection  
Inspection Date: 08/27/2009  
Inspection Type: Field  
Inspection Location: shop  
Primary Impact: Non-Collision  
Driveable: No  
Received Date/Time: 08/11/2009 09:26 AM

Appraiser License # : IA-993641  
Contact: SCOTT MUCCI

Contact: SCOTT MUCCI

Repairer  
Repairer: NORTH SHORE HONDA  
Address: 611 GLEN COVE RD  
City State Zip: GLEN HEAD, NY

License # : [REDACTED]

Vehicle  
2007 Saab 9-3 Aero 2 DR Convertible  
6cyl Gasoline Turbo 2.8  
6-Speed Automatic  
Lic. Plate: [REDACTED] Lic State: NY  
Lic Expire: [REDACTED] VIN: YS3FH71U276 [REDACTED]  
Prod Date: [REDACTED] Mileage: 12,875  
Veh Insp# : [REDACTED] Mileage Type: Actual  
Condition: Good Code: L2186C

Ext. Refinish: Two-Stage  
2007 Saab 9-3 Aero 2 DR Convertible 08/27/2009 05:17 PM  
Page 1 of 5

Claim # : [REDACTED] 08/11/2009 08/27/2009  
 Ext. Color: BLACK  
 Ext. Paint Code: 170  
 Int. Refinish: Two-Stage

Options

AM/FM CD Player	Air Conditioning	Alarm System
Aluminum/Alloy Wheels	Anti-lock Brakes	Auto Trns W/Man Select S
Center Console	Cruise Control	Dual Airbags
Dual Power Seats	Dual Zone Auto A/C	Fog Lights
Head Airbags	Heated Power Mirrors	Intermittent Wipers
Keyless Entry System	Leather Seats	Leather/Wood Steer Wheel
Lighted Entry System	OnStar System	Power Brakes
Power Convertible Top	Power Door Locks	Power Steering
Power Windows	Rear Window Defroster	Rem Trunk-L/Gate Release
Side Airbags	Sport Suspension	Stability Cntrl Suspensn
Strg Wheel Radio Control	Tachometer	Telescopic Steering Whl
Tilt Steering Wheel	Tinted Glass	Traction Control System
Trip Computer		

Damages

Ln#	Op	GDE	Description	MFR.Part No.	Price	AJ%	B%	HRS	R
1	N	5	Front Bumper Cover R	ADDITIONAL OPERA			S1	1.6	ME*
2	E	86	Pad, Insulator Hood	12766123	88.00			0.3	ME*
3	E		SAI VALVE	Replace OEM	13.00*			1.0*	ME*
4	E		PIPE	Replace OEM	179.00*			0.5*	ME*
5	E		CLIPS 12	Replace OEM	32.40*				SM*
6	RI	755	Radiator	R & I Assembly			S1	0.8*	ME*
			>> D & R						
7	N	976	A/C Evac Rechrq & Rc	ADDITIONAL OPERA			S1	1.8	ME
8	I		DRAIN & REFILL ENG O	Repair			S1	0.5*	ME*
9	I		DRAIN TRANS FLUID	Repair			S1	0.5*	ME*
10	I		EXHAUST SYSTEM	Repair			S1	0.8*	ME*
			>> D&R						
11	RI	731	Condenser, A/C	R & I Assembly			S1	0.8*	ME
			>> D & R						
12	RI	600	Cradle, Engine	R & I Assembly			S1	2.5	ME
13	N	972	Engine & Transaxle R	ADDITIONAL OPERA			S1	7.3	ME
14	E	752	Cover, Engine	55562495	86.00		S1	INC	ME
15	E		SCREWS	Replace OEM	5.44*				SM*
16	E		SCREWS 2	Replace OEM	19.96*				SM*
17	E		GASKET 1	Replace OEM	3.51*				SM*
18	E		GASKET2	Replace OEM	31.00*				SM*
19	E		GASKET 3	Replace OEM	17.54*				SM*
20	E	861	Cover, Valve	12566851	432.00*			2.5	ME
21	E	815	Manifold, Intake	12593484	640.00		S1	1.8	ME
22	E	1970	Sensor, Oxygen	93185453	313.00			0.2	ME
23	E		ENGINE HARNESS	Replace OEM	848.00*		S1	110.5*	ME*
			>> INCLUDES REMOVING SURROUNDING COMPONENTS TO EXPOSE AND REPL HARNESS						
24	E	1359	Coil, Ignition Mod RT	12613057	53.10			0.3	ME
25	E		CABLE HARNESS	Replace OEM	158.00*			2.0*	ME*
26	E		HOSE	Replace OEM	219.00*			0.2*	ME*
27	E		PLASTIC PIPE	Replace OEM	71.00*			0.2*	ME*
28	E	1784	Module, Computer	55564080	943.00		S2	INC	ME
29	E	700	Turbocharger Assembl	55557012	3040.00		S2	2.7	ME
30	E		TURBO STUDS 7	Replace OEM	44.10*		S2		SM*
31	E	1721	Gasket, Manifold LT	12581397	28.00			INC	ME
32	E	1722	Gasket, Manifold RT	12581397	28.00			INC	ME
33	N	978	Suspension R&I L L/F	ADDITIONAL OPERA			S1	0.8*	ME
			>> DROP DOWN						

2007 Saab 9-3 Aero 2 DR Convertible 08/27/2009 05:17 PM

Claim # : ██████████ 08/11/2009 08/27/2009  
 34 N 979 Suspension R&I R R/F ADDITIONAL OPERA  
 >> DROP DOWN  
 35 RI 706 Gear Assy, Steering R & I Assembly  
 36 I Reset Electrical Com Repair  
 36 Items

S1 0.8\* ME  
 S1 1.4 ME  
 1.0\* ME\*

Estimate Total & Entries

Gross Parts \$7,293.05  
 Paint Materials  
 Parts & Material Total \$7,293.05  
 Tax on Parts & Material @ 8.625% \$629.03

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$52.00				
Mech/Elec (ME)	\$105.00	27.7	15.1	42.8	\$4,494.00
Frame (FR)	\$60.00				
Refinish (RF)	\$52.00				
Paint Materials					

Labor Total 42.8 Hours \$4,494.00  
 Tax on Labor @ 8.625% \$387.61  
 Gross Total \$12,803.69  
 Less: Deductible \$500.00-  
 Net Total \$12,303.69  
 Rates / Taxes Adjustment  
 Deductible Adjustment  
 Actual Supplement Total \$4,682.39  
 Less: Previous Net Total \$7,621.30-  
 Net Supplement Total \$4,682.39

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code:  
 11747 Metro/Long Island  
 Audatex Estimating 5.0.623 S2 08/27/2009 05:17 PM REL 5.0.623 DT  
 07/01/2009 DB 08/15/2009  
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SM-SHEET METAL ME-MECH/ELEC FR-FRAME RE-REFINISH SY-SYSTEM  
 THIS IS AN ESTIMATE. REPAIR FACILITIES MUST INSPECT THE VEHICLE TO DETERMINE  
 IF ANY REPAIRS NOT LISTED ARE REQUIRED, AND TO CONTACT STATE FARM BEFORE  
 MAKING SUCH REPAIRS. REPAIRER ALSO IS RESPONSIBLE FOR CONDUCTING ANY  
 NECESSARY INSPECTION AND SAFETY CHECKS PRIOR TO AND AFTER COMPLETING REPAIRS.  
 ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR  
 OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF  
 CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY  
 MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING,  
 INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN  
 CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY  
 ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF  
 THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW  
 ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY  
 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE  
 SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE  
 OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Op Codes  
 \* = User-Entered Value E = Replace OEM NG = Replace NAGS  
 2007 Saab 9-3 Aero 2 DR Convertible 08/27/2009 05:17 PM  
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Claim # : [REDACTED] 08/11/2009 08/27/2009

EC = ** NON-OEM PART	ET = Partial Replace Labo	EP = ** NON-OEM PART
EU = RECYCLED PART	TE = Partial Replace Pric	PM = REMAN/REBUILT PART
UM = REMAN/REBUILT PART	L = Refinish	PC = RECOND PART
UC = RECOND PART	TT = Two-Tone	SB = Sublet Repair
N = ADDITIONAL OPERATION	BR = Blend Refinish	I = Repair
IT = Partial Repair	CG = Chipguard	RI = R & I Assembly
P = Check	RP = RP-RELATED PRIOR	

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2007 Saab 9-3 Aero 2 DR Convertible 08/27/2009 05:17 PM

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Claim # : [REDACTED] 08/11/2009 08/27/2009  
Estimate Summary Page

Gross Total	\$12,803.69
Less: Deductible	\$500.00-
Net Total	\$12,303.69
Rates / Taxes Adjustment	
Deductible Adjustment	
Actual Supplement Total	\$4,682.39
Less: Previous Net Total	\$7,621.30-
Net Supplement Total	\$4,682.39

Audatex Estimating 5.0.623 S2 08/27/2009 05:17 PM REL 5.0.623 DT  
07/01/2009 DB 08/15/2009  
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2007 Saab 9-3 Aero 2 DR Convertible 08/27/2009 05:17 PM  
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\*\*\* SUPPLEMENT RECONCILIATION \*\*\*  
 Supplement S2

Claim # : XXXXXXXXXX  
 Claim Rep: Fire-Theft Team Rep  
 Insured: XXXXXXXXXX  
 Inspection Date/Time: 08/27/2009  
 Owner Name: XXXXXXXXXX  
 Vehicle: 2007 Saab 9-3 Aero 2 DR Convertible

Ln#	GDE	Part	Operation	Price	AJ%	B%	HRS	Rate
1	700	Turbocharger Assembl	Replace OEM	S2 3040.00			2.7	ME
2	1784	Module, Computer	Replace OEM	S2 943.00			INC	ME
3		TURBO STUDS 7	Replace OEM	S2 44.10*				SM

Calculation Changes	From	To	Difference
Gross Parts	\$3,265.95	\$7,293.05	4027.10+
Tax on Parts & Mater 8.625%	\$281.69	\$629.03	347.34+
ME - Mech/Electrical \$105.00	\$4,210.50	\$4,494.00	283.50+
Tax On Labor 8.625%	\$363.16	\$387.61	24.45+

Actual Supplement 2 Net Total \$4,682.39+

Summary	Net Total	Date	Time	Appraiser
Supplement 1	\$7,621.30	08/17/2009	01:37 PM	
Supplement 2	\$12,303.69	08/27/2009	05:08 PM	

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 Page 1 of 1



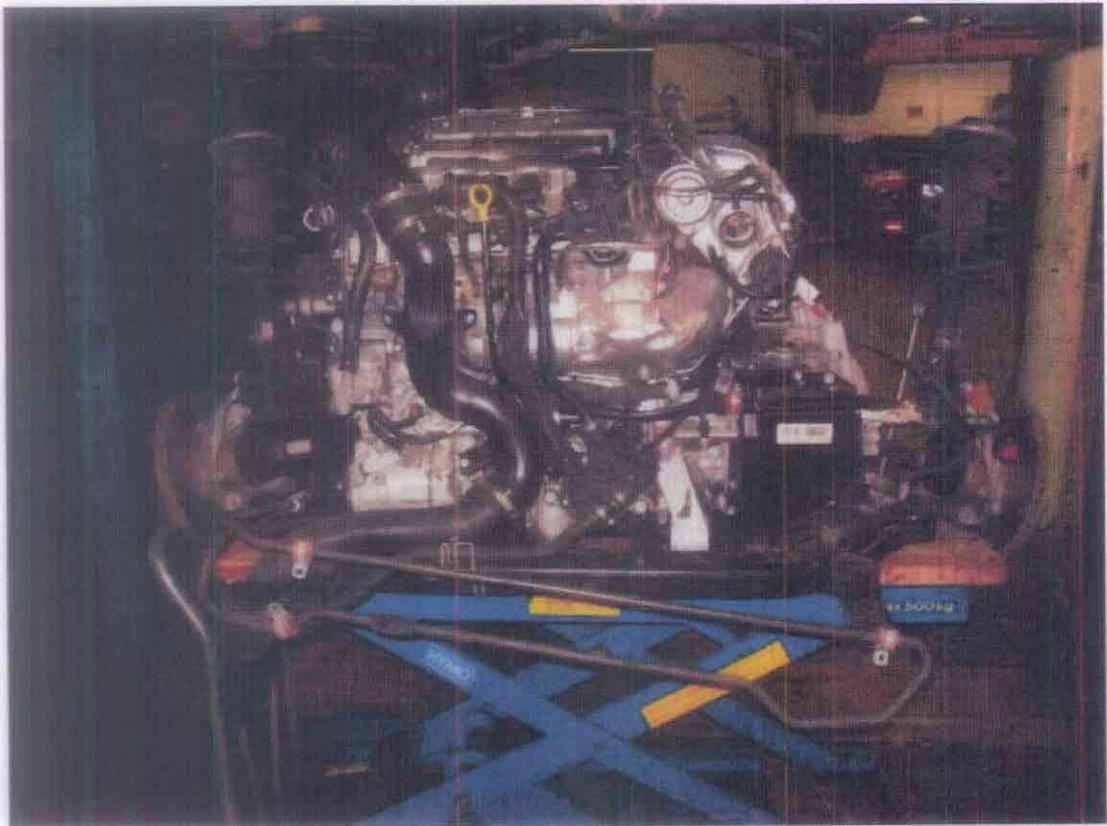




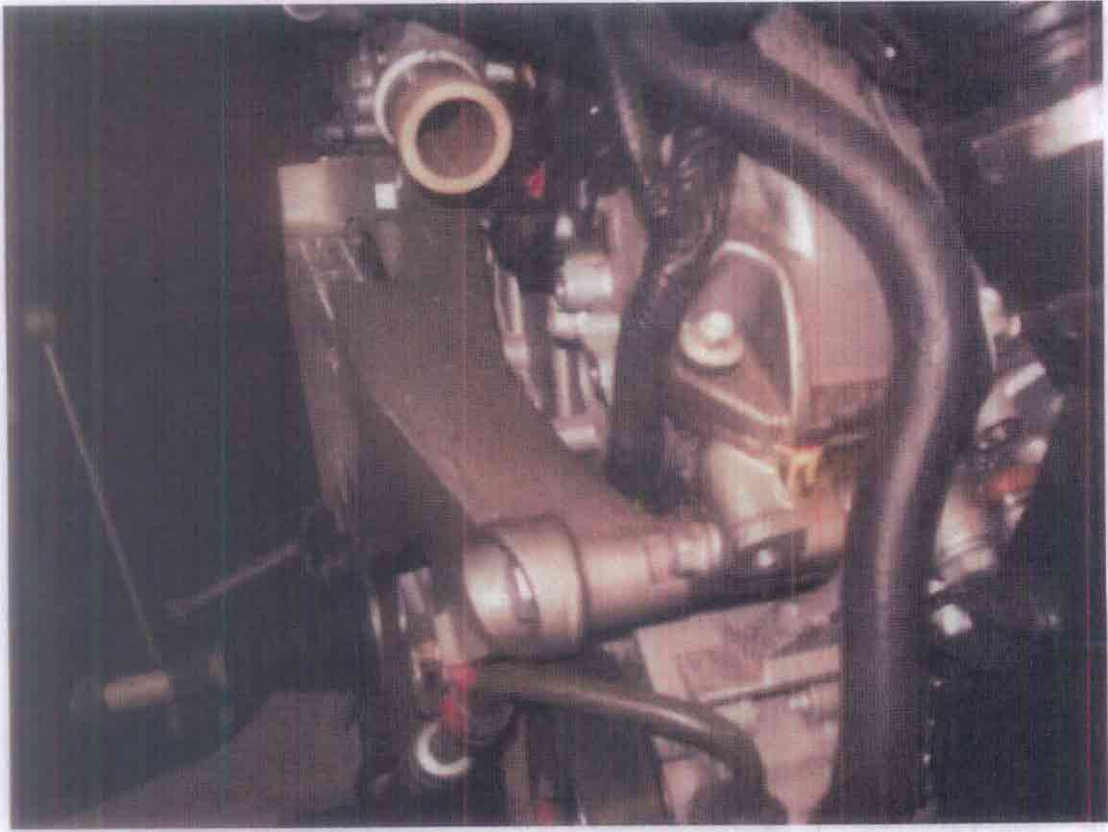


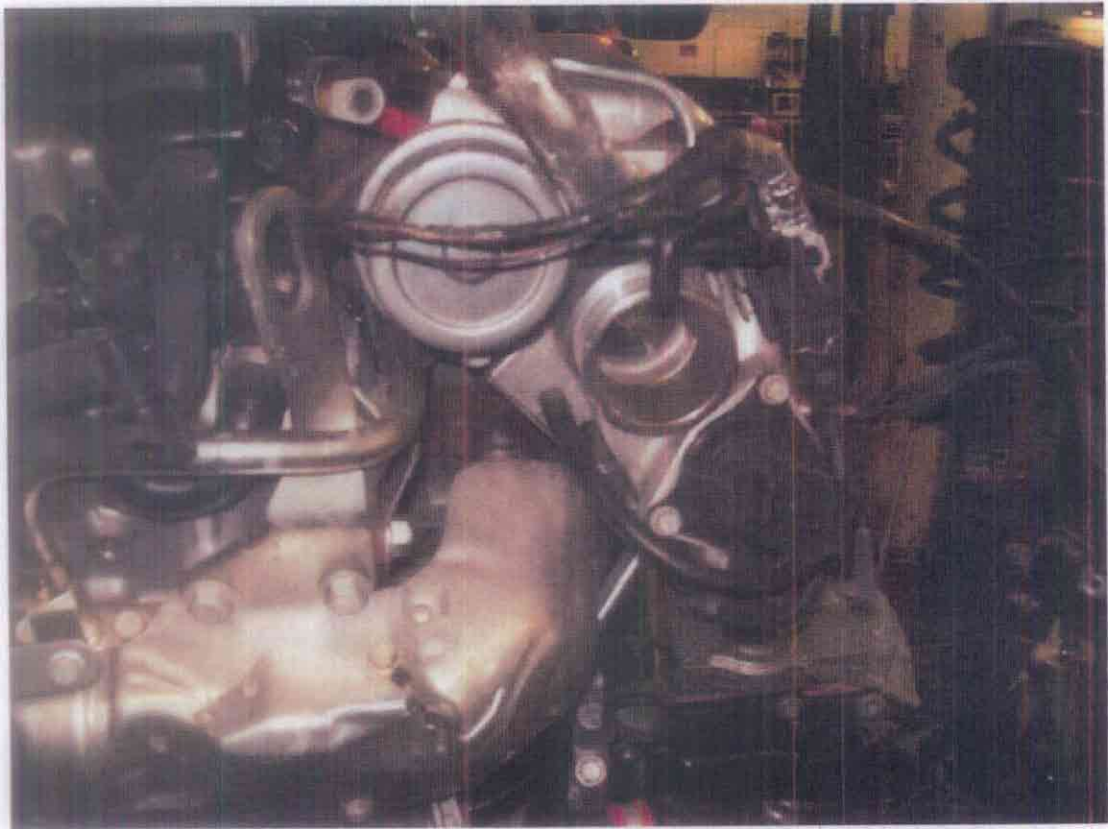


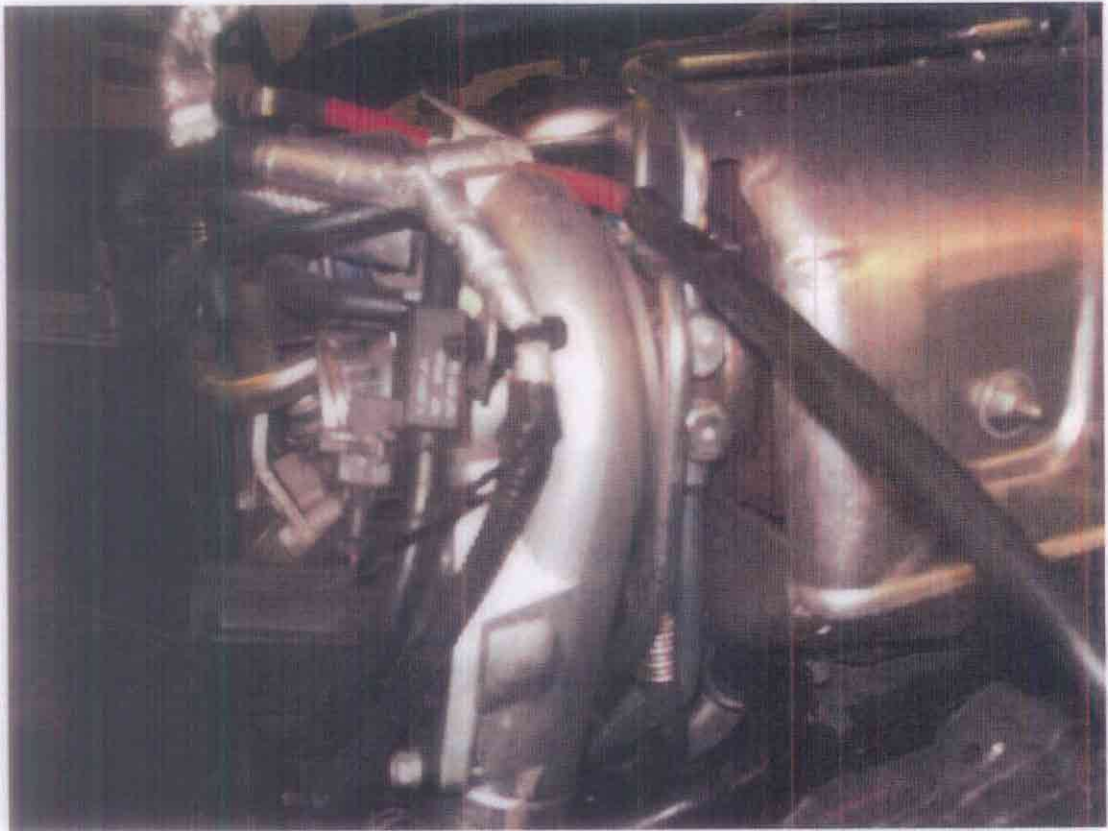


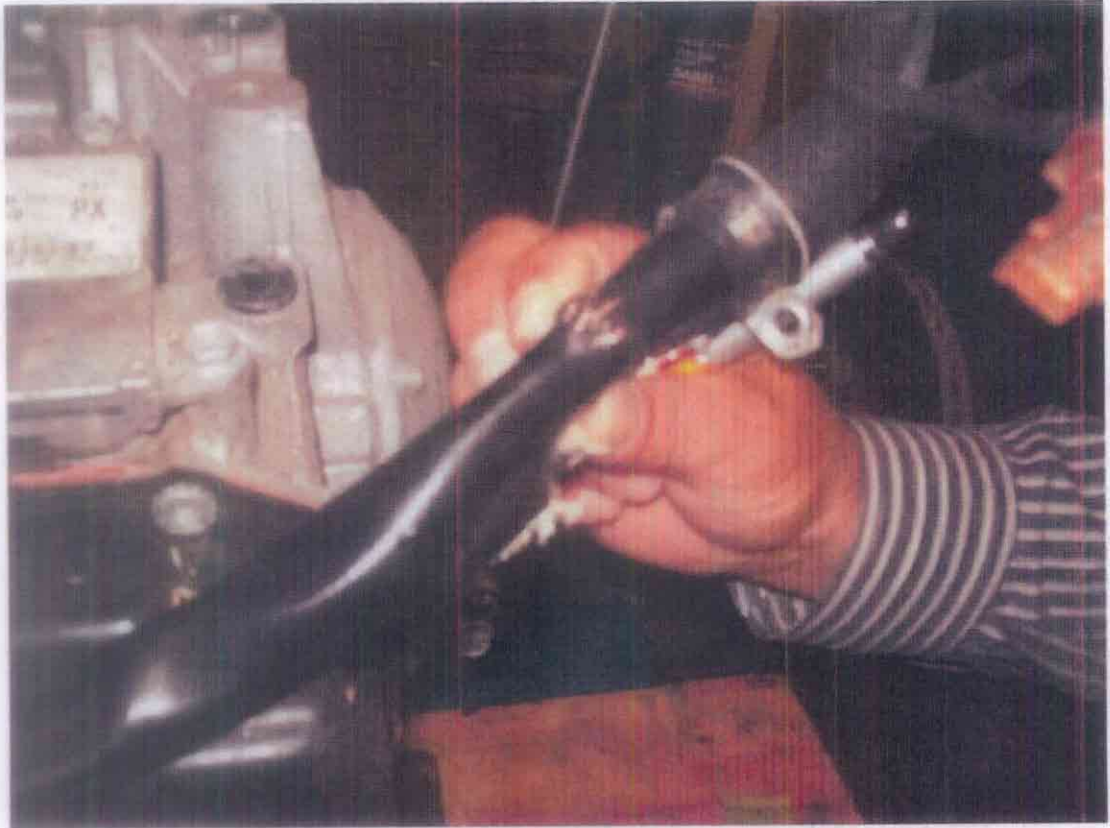




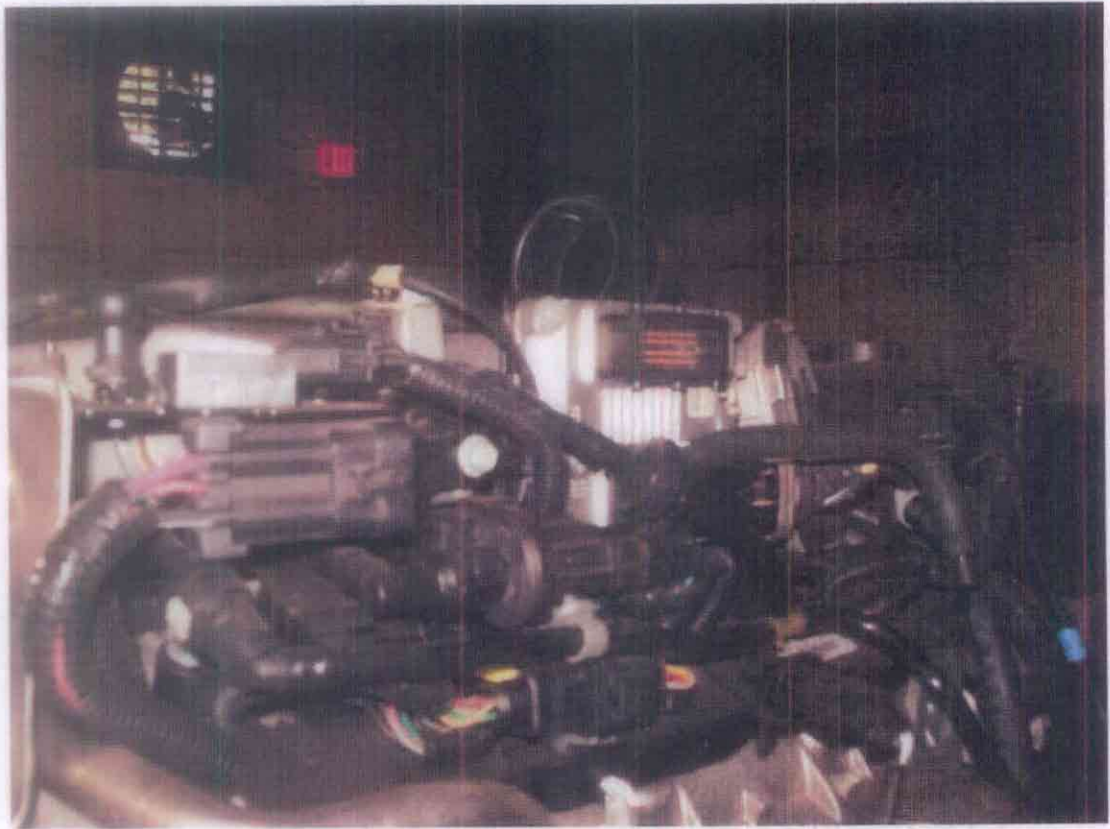














NORTH SHORE HONDA/SAAB

611 Glen Cove Rd.

5180 Road, NY 11545 TEL: 676-2290

\*\*\*\*\* PLEASE NOTE\*\*\*\* ALL SPECIAL ORDERED ITEMS WILL BE RETURNED WITHIN 21 DAYS OF RECEIPT NO EXCEPTIONS!!

FRONTEND/08/11/09

DATE: 8/12/2009 25704 6273

MANHASSET NY

SALES BY: [REDACTED]

1 CASH

5186271195

QUOTE QUOTE  
3 RETAIL CTR

ON RETURN OF EQUIPMENT OR SPECIAL ORDER QUOTE  
FOR TRUCK OR ALL EQUIPMENT QUOTE - ALL RETURNED QUOTE  
NOTE IF A CHANGE OCCURS ADD A COST OF 15.00 QUOTE

SALES DEPARTMENT HOURS  
MON - FRIDAY 7:30 AM TO 7:30 PM  
SATURDAY 7:30 AM TO 7:30 PM

1 8.12805151 CABES HAYDEN SPORT 837.80 512.50 913.90

*H.O.*

SUB TOTAL 913.90  
TAX 80.45  
TOTAL QUOTE-DO NOT PAY 1013.85  
QUOTE - QUOTE - QUOTE - QUOTE

Thank You

We appreciate the confidence you place in us. We are committed to providing you with the highest quality products and services. We are committed to providing you with the highest quality products and services. We are committed to providing you with the highest quality products and services.





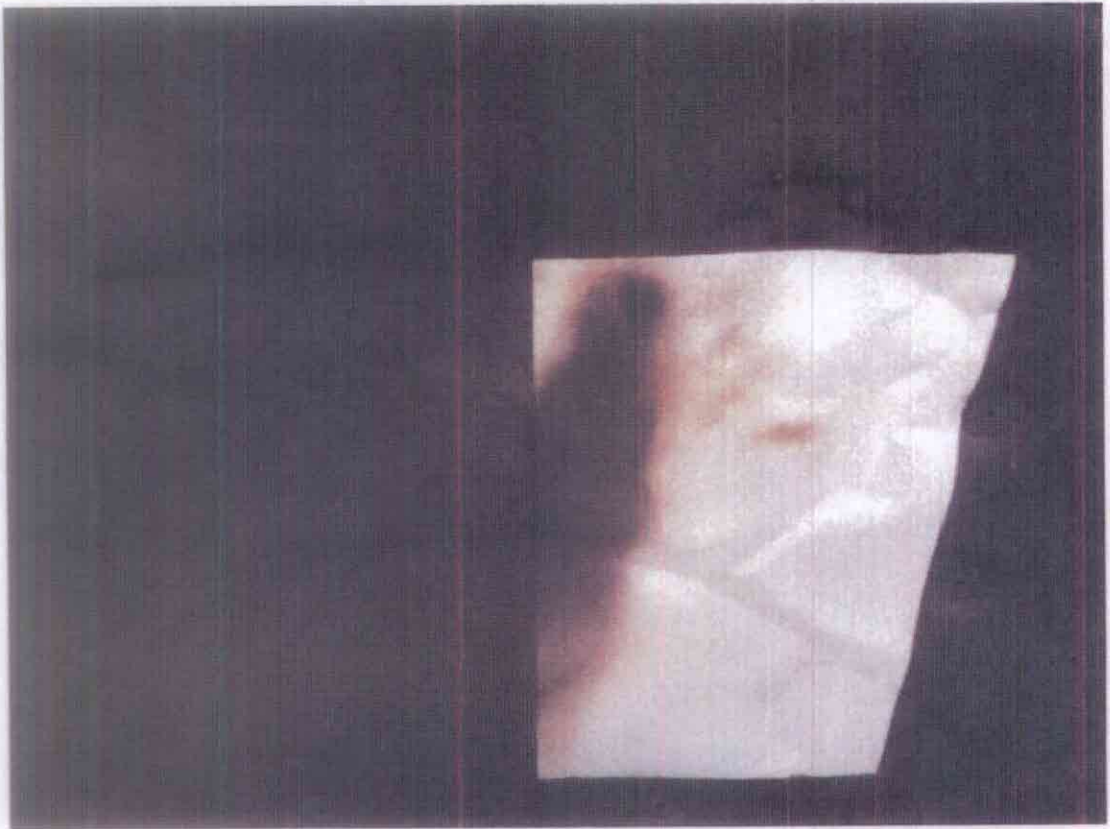


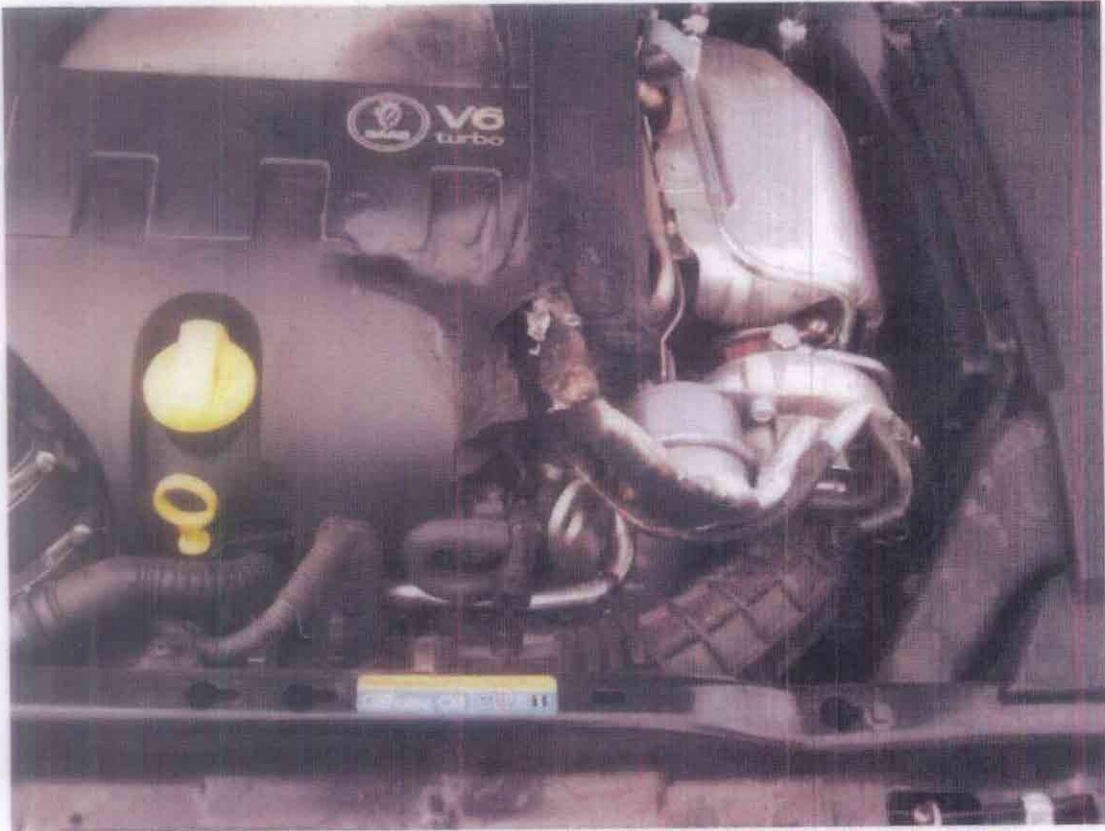






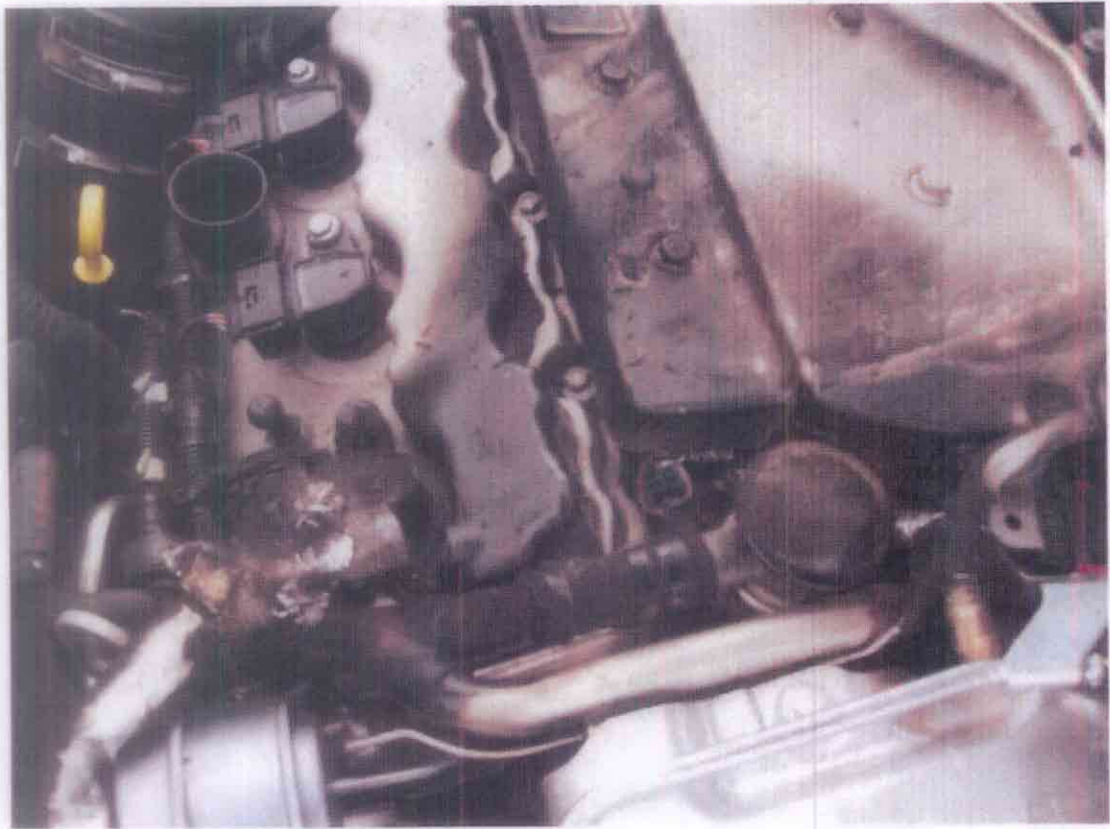


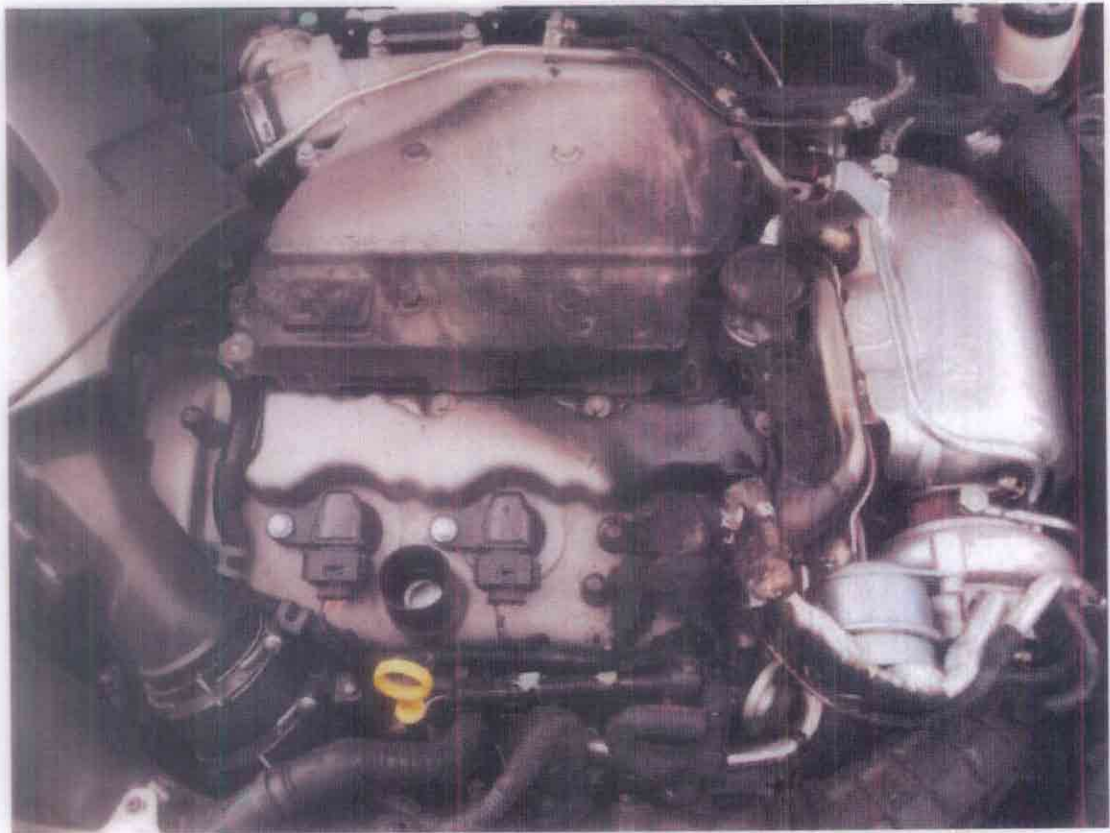


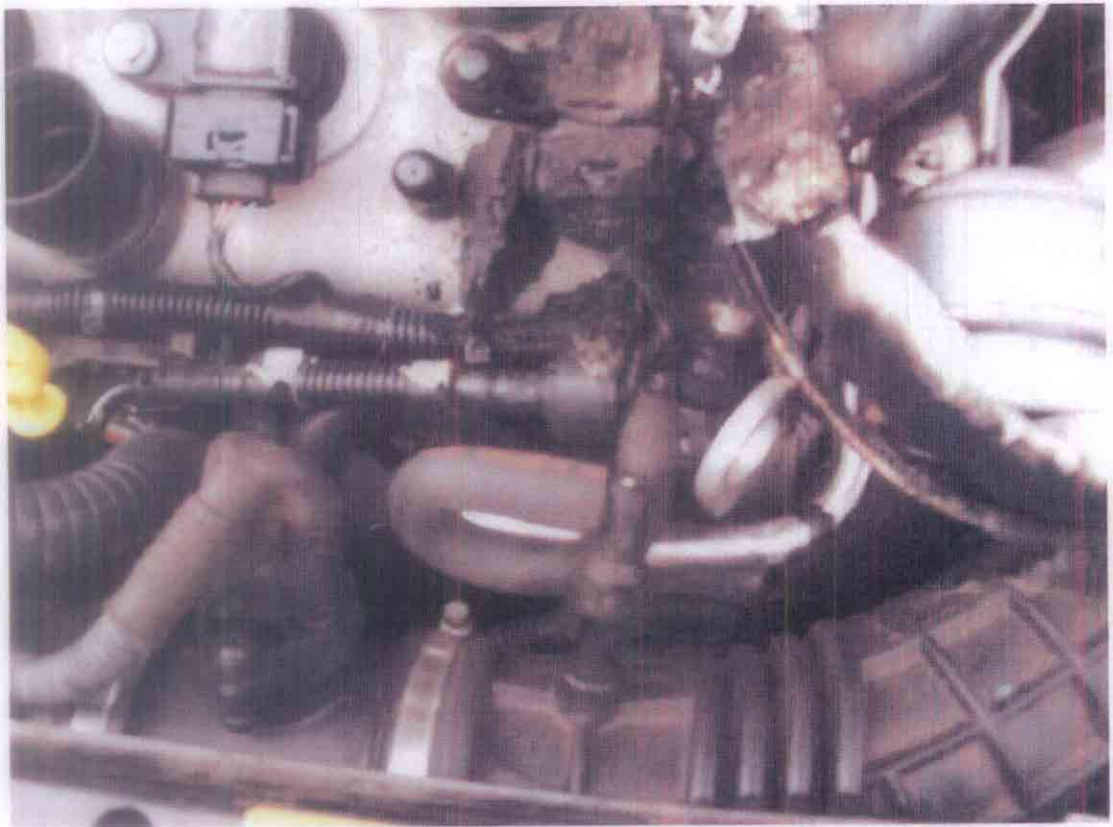
















# 5

ESIS/GM Central Claims Unit  
P.O. Box 300  
Mail Code 482 C19 B61  
Detroit, MI 48265-3000

800.888.0164 *tel*  
313.665.0911 *fax*

**ROBERT BRONSON**  
Claims Administrator

December 28, 2009

Statefarm Insurance  
101 Statefarm Place  
Ballston Spa, NY. 12020

RE: Claimant: [REDACTED]  
Our File No.: [REDACTED]  
Our Client: General Motors LLC  
Date/Event: 8- [REDACTED] 09  
Subject vehicle: 2007 Saab 9-3  
VIN: YS3FH71U276 [REDACTED]

Dear Julie Zeller:

We are the third-party administrators on behalf of General Motors LLC (GM) for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to GM concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

1. Please provide a **copy** of your expert report and **color copies** of photos taken by your expert. Please do not send originals, as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.
6. Advise as to any after-market equipment that may have been installed on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.

# 5

7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your proof of payment (cancelled checks). If this was a total loss, please submit a salvage **estimate** and your total loss work sheet.
11. Advise of any injuries.
12. Advise if there is any property damage other than the subject vehicle.
13. Advise the mileage for the subject vehicle.

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. If you choose to dispose of the salvage, it will be to your own peril and spoliation may become an issue. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

Robert Bronson  
Claims Administrator