

General Motors Product Field Action Customer Reimbursement Request Form

N192219480

This section to be completed by customer unless noted

Customer Name: [REDACTED]

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

City: West Lafayette State: IN 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: May 5, 2026

Vehicle Identification Number of Involved Vehicle: [REDACTED]

Mileage at Time of Repair: 103,924 Date of Repair: 6/28/2019

Amount of Reimbursement Requested: \$ ~~200~~ \$292.59

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. ✓ Tony's Auto Repair
- The Vehicle Identification Number (VIN) of the vehicle that was repaired. ✓ attached
- 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. ✓ Attached 6/29/19
- Proof of payment for the repair in question and the date of payment. ✓ Attached

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense incurred for the repair covered by this letter.

Customer's Signature: [REDACTED]

Submit this request

and customary costs to correct the condition described in the letter that came with this form will be considered for reimbursement. 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



July 2019

[REDACTED]
West Lafayette, IN [REDACTED]

This notice applies to your vehicle, VIN [REDACTED]

Dear [REDACTED]

As the owner of a 2009 model year Traverse, your satisfaction with our product is very important to us.

This letter is intended to make you aware that some 2009 model year Traverse vehicles, may have a condition where if a driver repeatedly sits on the seat belt cable cover located at the base of the driver's seat when entering the vehicle, it may cause the seat belt pretensioner to bend sharply over the seat side shield. If this continues to occur over an extended period of time, which is very rare, the seat belt pretensioner cable may fatigue and eventually separate, which could reduce the effectiveness of the driver's seat belt. Before any damage occurs to the pretensioner cable itself, signs of wear will be visible on the pretensioner cable cover where it has been repeatedly bent over the seat side shield.

Do not take your vehicle to your GM 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 condition described above. If this condition occurs on your 2009 model year Traverse within 12 years of the date your vehicle was originally placed in service or 180,000 miles (290,000 km), whichever occurs first, the condition will be repaired for you at **no charge**. Diagnosis or repair for conditions other than the condition described above is not covered under this special coverage program.

What You Should Do: If you believe that your vehicle has the condition described above, repairs and adjustments qualifying under this special coverage must be performed by a General Motors dealer. You may want to contact your GM 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: If you have already paid for repairs for the condition described in this letter, please complete the enclosed reimbursement form and present it to your dealer with all required documents. Working with your dealer will expedite your request, however, if this is not convenient, you may mail the completed reimbursement form and all required documents to Reimbursement Department, PO Box 33170, Detroit, MI 48232-5170. The completed form and required documents must be presented to your dealer or received by the Reimbursement Department by July 31, 2020, unless state law specifies a longer reimbursement period.

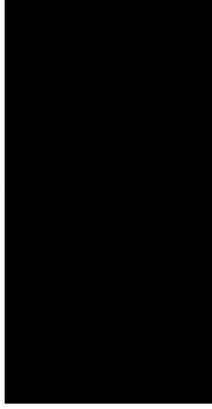


The right to submit reimbursement claims is provided by GM solely in the interest of customer satisfaction and is personal to vehicle owners and lessees who previously paid for repairs referenced in this Special Coverage ("Customers"). **Customers may not assign and GM does not consent to any assignment of any Customer's right to submit reimbursement claims, or to receive reimbursement, or any other rights granted by this Special Coverage to any third party, including but not limited to service contract providers, and this Special Coverage is not intended to and does not confer any third party beneficiary, subrogation or contribution rights, or any other rights to reimbursement, against GM, whether in law, equity or otherwise, on any third parties.**

If you have any questions or need any assistance, please contact your dealer or the appropriate Customer Assistance Center at the number listed below.

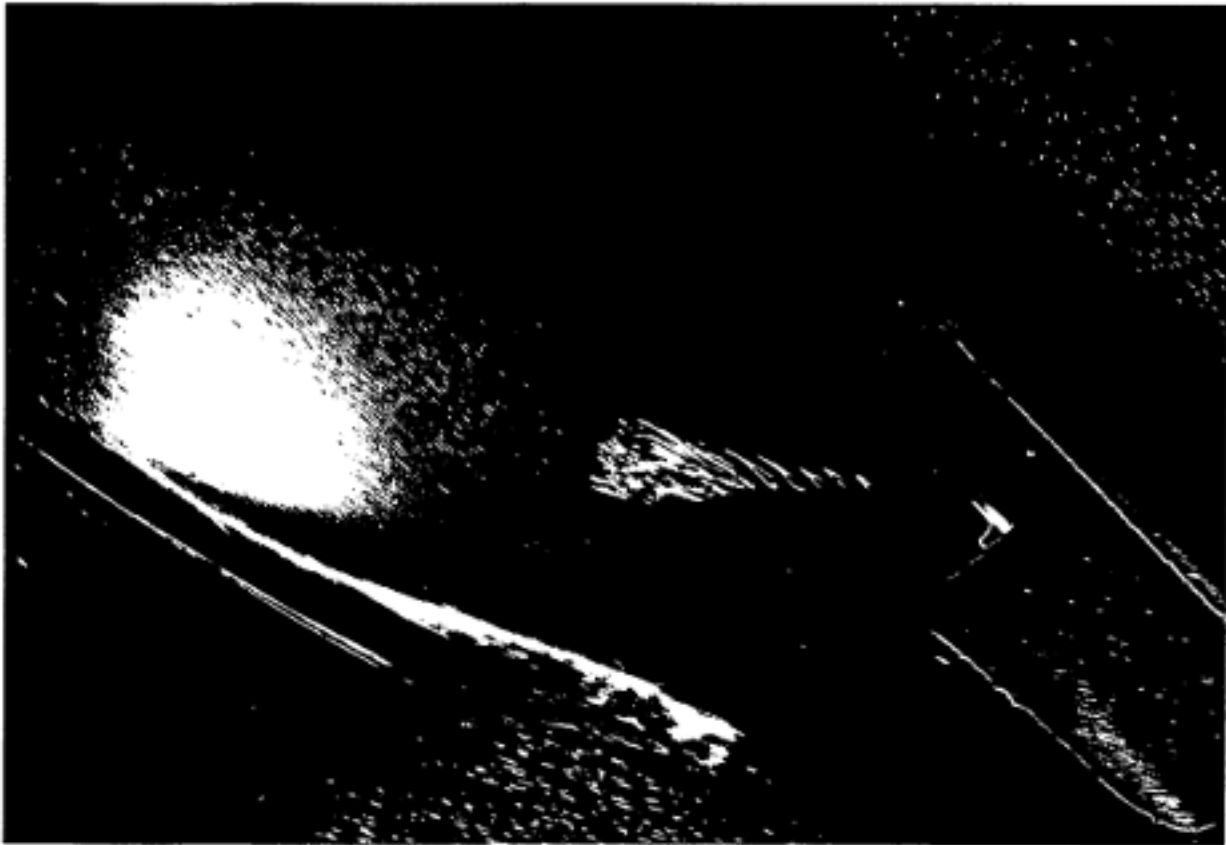
Division	Number	Text Telephones (TTY)
Buick	1-800-521-7300	1-800-832-8425
Chevrolet	1-800-222-1020	1-800-833-2438
GMC	1-800-462-8782	1-800-889-2438
Saturn	1-800-553-6000	1-800-833-6000
Puerto Rico – English	1-800-496-9992	
Puerto Rico – Español	1-800-496-9993	
Virgin Islands	1-800-496-9994	

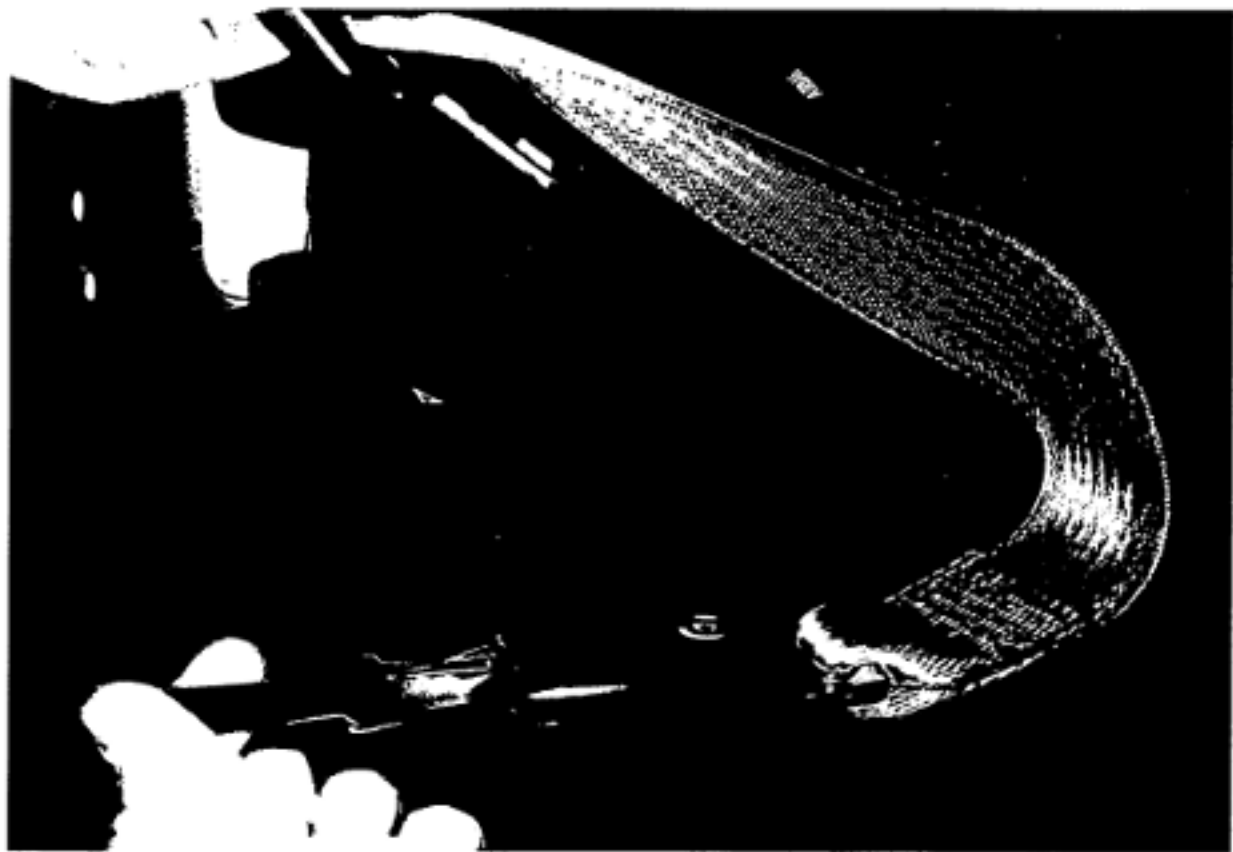
We are sorry for any inconvenience you may experience; however, we have taken this action in the interest of your continued satisfaction with our products.



Neelie O'Connor
Executive Director
North America Contact Center Operations

Enclosures
N192219480





May 18, 2020

Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170

Dear Reimbursement Department:

I am writing to request reimbursement for a recall repair on my 2009 Chevrolet Traverse, VIN# [REDACTED]. The amount of reimbursement for the repair is \$292.59. I have completed the Ovi Customer Reimbursement Request form (enclosed).

Please mail the reimbursement check to:

[REDACTED]
West Lafayette, IN [REDACTED]

In June of 2019 I requested the Defouw Chevrolet of Lafayette, Indiana replace my seatbelt because it had completely frayed at the base (see enclosed photos). It was an obvious defect. Defouw refused to cover the repair, and told me I must pay out of pocket. When I asked how soon they could repair I was told 3 weeks to get the parts. I asked if I could have a loaner during that time. They said no. I left Defouw dealership that day, feeling angry that they would not cover a clear defect and angry that they would not give me a loaner, thus allowing me to drive away with no safety belt protection. Disgraceful. Needless to say, I did not want to deal with Defouw ever again.

So, I immediately took my car to a local recommended auto repair shop and they were able to repair the seatbelt within 24 hours. The attached receipt is included from Tony's Automotive Repair on June 28, 2019. Shortly after that repair, in July 2019, I received a letter from Chevy notifying me of the seatbelt problem and a offer to repair at no cost to me. A copy-of that letter is included.

If you have any further questions about this matter I can be reached by email at [REDACTED] or phone a [REDACTED]

Thank you for your prompt attention to this matter.

Sincerely,

[REDACTED]

West Lafayette, IN

MAY 26 2020

Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170

U.S. POSTAGE PAID
PCN LETTER
WEST LAFAYETTE, IN
47906
MAY 18, 20
AMOUNT

482325170 8051

