GENERAL MOTORS
PRODUCT FIELD ACTION CUSTOMER REIMBURSEMENT PROCEDURE

If your vehicle is included in the bulletin and you have paid to have the related condition corrected before the bulletin customer notification date, 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 your «SR_MAKE_X» dealer or General Motors,
- Denied, you will receive notification from your «SR_MAKE_X» dealer or General Motors with the reason(s) for the denial, or
- Incomplete, your dealer will request that you provide additional documentation, or 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 Request Form provided to file a claim for reimbursement. If you have questions about this reimbursement procedure that your dealer is unable to resolve, please call the toll-free telephone number provided at the bottom of the form. If you need assistance with any other concern, please contact the appropriate Customer Assistance Center at the telephone number listed below:

Division	Number	Deaf, Hearing Impaired or Speech Impaired *
Buick	1-800-521-7300	1-800-832-8425
Cadillac	1-800-458-8006	1-800-833-2622
Chevrolet	1-800-222-1020	1-800-833-2438
GMC	1-800-462-8782	1-800-462-8583
Pontiac	1-800-762-2737	1-800-833-7668
Oldsmobile	1-800-442-6537	1-800-833-6537
Hummer	1-866-486-6376	
Virgin Islands	1-800-496-9994	
GM Medium Duty	1-800-862-4389	
Puerto Rico – English	1-800-496-9992	
Puerto Rico – Español	1-800-496-9993	

Utilizes Telecommunication Devices for the Deaf/Text Telephones (TDD/TTY)

General Motors Product Field Action
Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: _____

Street Address or P. O. Box Number: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Date Request Form and Supporting Documentation Submitted to Dealer: _____

Vehicle Identification Number of Involved Vehicle: _____
(17 Characters)

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

Amount of Reimbursement Requested: $_____

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: _____

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