

# General Motors Product Field Action Customer Reimbursement Request Form



Customer Name: [REDACTED] (please print)

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

City: Staten Island State: NY Zip Code: [REDACTED]

Preferred Contact Telephone Number (include Area Code): [REDACTED]

Preferred Contact Email Address: [REDACTED]

Date Request Form and Supporting Documentation Submitted to Dealer: [REDACTED]

Vehicle Identification Number of Involved Vehicle: [REDACTED]

Mileage at Time of Repair: 98000 Date of Repair: 06/04/2025

Amount of Reimbursement Requested: \$ 10,776.88

**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.

My signature to this [REDACTED] and the required documents are genuine and I request reimbursement for the [REDACTED] repair covered by this letter.

Customer's Signature: [REDACTED]

Submit this request form and the required documents to your GM dealer for processing. All reasonable 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 1-866-467-9700.

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

