

March 2006

Dear Saab Owner,

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Saab Automobile AB has decided that a defect, which relates to motor vehicle safety, exists in certain 2000-02 Saab 9-3/9-5 model vehicles with 4-cylinder engines and 2001 Saab 9-5 model vehicles with 6-cylinder engines. The ignition discharge module (IDM) may break down due to an electrical overload. This condition may occur during a start attempt, resulting in the engine not starting. In rare cases this condition may occur during driving.

Our records indicate that you are the current owner of a vehicle that is affected by this recall.

At your earliest convenience, please make an appointment with your authorized Saab dealer to have the ignition discharge module checked and, if necessary, replaced.

The work will take less than an hour and is, of course, free of charge for you.

If, after contacting your Saab dealer, you are still not satisfied that we have done our best to remedy this condition without charge and within a reasonable time, you may wish to write the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590 or call 1.888.327.4236.

If you have sold your car, if it has been stolen or subjected to a total insurance loss, we would appreciate you notifying us about this by completing the detachable card and mailing it back in the return envelope.

If you have experienced this condition and have paid for related repairs, please complete the enclosed reimbursement form and submit all receipts to Saab Customer Assistance Center, 4405-A International Blvd., Norcross, GA 30093, Attention: IDM Recall.

Saab Automobile AB appreciates your cooperation and understanding regarding this recall and we will do our best, along with your dealer, to minimize the inconvenience. We have, however, taken this action in the interest of your continued safety and satisfaction with our products.

Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

Yours faithfully,

Saab Automobile USA

Enclosure
15021/05087

Customer Reimbursement Procedure

If you have paid to have this recall condition corrected prior to this notification, 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 dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter 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 Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Saab Customer Assistance Center at 1.800.955.9007.

Customer Reimbursement Claim Form

This section to be completed by Claimant

Date Claim Submitted: _____

17-Character Vehicle Identification Number (VIN): _____

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

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ _____

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM 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.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

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 recall.

Claimant's Signature: _____

Please mail this claim form and the required documents to:

**Saab Customer Assistance Center
4405-A International Blvd.
Norcross, GA 30093
Attention: IDM Recall**

Reimbursement questions should be directed to the following number:
1.800.955.9007