

Dear Saab Customer:

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 that relates to motor vehicle safety exists in certain 2000 - 2003 model year Saab 9-3 convertible model vehicles, 2001 - 2002 model year Saab 9-3 3 and 5 door vehicles, and 2001 - 2005 Saab 9-5 model vehicles. As a result, Saab is conducting a safety recall. We apologize for this inconvenience. However, we have taken this action for your safety and continued satisfaction with our products.

On your vehicle, the fuel pump retaining tabs that hold the fuel lines to the fuel pump may be damaged. Over time, this could cause the fuel lines to loosen from the pump resulting in fuel leakage. If a sufficient amount of fuel were to leak out and if an ignition source were present, a vehicle fire could occur.

To ensure your complete satisfaction with your vehicle, we are asking you to schedule an appointment with your authorized Saab dealer. Your dealer will install a bracket to secure the fuel lines to the fuel pump. This service will be performed for you at **no charge**. It is likely that your dealer will need your vehicle longer than the actual service correction time of approximately 45 minutes because of service scheduling requirements.

The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the recall condition.

If you have sold your car or 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 questions or concerns that your dealer is unable to resolve, please contact the Saab Customer Assistance Center at 1-800-955-9007.

If after contacting your dealer and the Customer Assistance Center, you are still not satisfied 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 St., SW, Washington DC 20590, or call the toll-free Vehicle Safety Hotline at 1.888.327.4236 (TTY 1.800.424.9153), or go to <http://www.safercar.gov>.

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
15018

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 30093-9911
Attn: Retainer Tab Recall**

Reimbursement questions should be directed to the following number:
1-800-955-9007