



# SAFETY RECALL NOTICE

February 2012

General Motors is very interested in your safety and continued satisfaction with your vehicle. Our records show that your <Year> model year <VINDivisionName> <Vehicle\_Name> vehicle has been relocated into an area that is included in a regional safety recall. GM recently searched registration records for vehicles that have been registered in the affected areas since the release of this regional recall in February 2010. Please follow the instructions below to address this matter.

<CustomerName>  
<CustomerAddress>

Dear <CustomerName>:

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

General Motors has decided that a defect, which relates to motor vehicle safety, exists in certain <Year> model year <VINDivisionName> <Vehicle\_Name> vehicles originally sold, or currently registered, in areas that experience hot weather temperatures. As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

## IMPORTANT

- Your <Year> model year <VINDivisionName> <Vehicle\_Name>, VIN <VIN>, is involved in safety recall <Recall>.
- Schedule an appointment with your <DIV\_DLR> <dlr\_rtr>.
- This service will be performed for you at **no charge**.

### Why is your vehicle being recalled?

Your vehicle may have a condition in which the plastic supply or return port on the modular reservoir assembly (MRA) may crack. If either of these ports develop a crack, fuel will leak from the area. You may notice a fuel odor while the vehicle is being driven or after it is parked. If the crack becomes large enough, fuel may be observed dripping onto the ground and vehicle performance may be affected. If a sufficient amount of fuel were to leak out and if an ignition source were present, a vehicle fire could occur.

### What will we do?

Your <DIV\_DLR> <dlr\_rtr> will inspect and, if necessary, replace the fuel pump module. This service will be performed for you at **no charge**. Because of service scheduling requirements, it is likely that your <dlr\_rtr> will need your vehicle longer than the actual inspection time of approximately 15 minutes. If the fuel pump module requires replacement, an additional 1½ hours will be

needed.

If your vehicle is within the New Vehicle Limited Warranty, your <dlr\_rtr> may provide you with shuttle service or some other form of courtesy transportation while your vehicle is at the <dship\_fcilty> for this repair. Please refer to your Owner Manual and your <dlr\_rtr> for details on courtesy transportation.

**What should you do?**

You should contact your <DIV\_DLR> <dlr\_rtr> to arrange a service appointment as soon as possible.

**Did you already pay for this repair?**

The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the recall condition. Even though you may have already had this condition corrected, you will still need to take your vehicle to your <DIV\_DLR> <dlr\_rtr> for additional repairs.

**Do you have questions?**

If you have questions or concerns that your <dlr\_rtr> is unable to resolve, please contact the <VINDivisionName> Customer Assistance Center at <DivCACPhone>. More information about your vehicle can be found at the Owner Center at [www.gmownercenter.com](http://www.gmownercenter.com)

If after contacting your <dlr\_rtr> 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, 1200 New Jersey Avenue, SE., 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.

<Closing>

Enclosure  
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## Customer Reimbursement Procedure

If you have paid to have this 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 <dlr\_rtr>.

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

**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 questions about this reimbursement procedure, please call the toll-free telephone number provided at the bottom of the form. If you have any questions or need assistance with any other concern, please contact the <VINDivisionName> Customer Assistance Center at <DivCACPhone>.

## Customer Reimbursement Claim Form

### This section to be completed by Claimant

Date Claim Submitted: \_\_\_\_\_

17-Character Vehicle Identification Number (VIN): \_\_\_\_\_

Current Mileage of Vehicle: \_\_\_\_\_

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, the repair performed, the date of repair, and who performed the repair.
- 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 letter.

Claimant's Signature: \_\_\_\_\_

Please mail this claim form and the required documents to:

**Reimbursement Department  
PO Box 33170  
Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:  
1-800-204-0261