



IMPORTANT SAFETY RECALL NOTICE

Saab Recall No. 15026

NHTSA Recall 10V043000

May 2010

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 2004 Saab 9-3 models. Our records indicate that you are the current owner or driver of a Saab 9-3 that may be subject to this condition. Also, Federal Law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

It has been found that some driver's side front seat belt automatic tensioning systems may fail to operate. This condition will cause the seat belt to spool out resulting in a loss of restraining capability. If this occurs, it will become obvious to the seat occupant immediately. If you were involved in a crash with a seat belt in this condition, the result could be an increased likelihood of injury to the driver. The enclosed attachment contains a description of this condition and an explanation of the recall service that will be performed by your Saab dealer to correct it.

The passenger's side seat belt will not be replaced as part of this recall. However, it will be covered by a 10 year replacement policy. This means that if this condition should arise on the passenger side seat belt, it will be replaced free of charge during this period. The 10 year period starts from the original new vehicle sales date.

We urge you to make an appointment with your Saab dealer as soon as possible. All Saab dealers have received the recall service information needed to rectify your vehicle. The work covered by this recall will be performed free of charge to you.

Saab appreciates your cooperation and understanding regarding this recall. We will do our best, along with your dealer to minimize the inconvenience.

Sincerely,

John E. Anderson
Executive Director, Sales and Aftersales
Saab Cars North America

15026/15918

OWNER INFORMATION ATTACHMENT: SAAB RECALL NO. 15026

I. What is the defect?

Saab has found that in some vehicles the front seat belt retractor mechanism may fail to operate. The retractor wire inside the seat belt automatic retracting mechanism may break over time. If the retracting wire breaks, the seat belt will spool out, but will not retract. If this occurs it will be very obvious to the seat occupant as the belt will remain spooled out and will not pull back against the occupant's body.

II. What are the safety risks?

If this defect occurs, the seat belt will fail to operate and will not perform as designed. In the event of a crash, the seat belt will not restrain the occupant properly and may result in an increased chance of injury or death.

III. What is Saab going to do?

Saab Cars North America, Inc. has made arrangements with its authorized Saab dealers to replace your driver's side front seat belt with a new assembly. While it will only take about an hour to have the seat belt replaced, the dealership may need to keep your car for a longer time depending on the current workload of their service department.

We urge you to make an appointment with your Saab dealer as soon as possible. Please bring this letter with you on the day of your appointment.

There is no charge for this recall or for any assistance in completing this work from either Saab or Saab dealers.

If you have already had this service performed at your cost, the enclosed form explains what reimbursement is available and how to request a reimbursement.

IMPORTANT NOTE: The passenger's side seat belt will not be replaced under this recall, but is instead covered by a 10 year replacement policy. If this condition should arise on the passenger side seat belt, it will be replaced free of charge during this policy period. The 10 year period starts from the original new vehicle sales date.

IV. What if you have a problem or question regarding this recall?

The Saab Customer Assistance Center is available to assist you in resolving any questions and may be contacted toll free at 1-800-955-9007. If, after contacting the Saab Customer Assistance Center or your Saab dealer, you are still not satisfied that we have done our best to remedy this condition within 60 days after you receive this notice, you may submit a complaint to the Administrator, NHTSA, 1200 New Jersey Ave., 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>.

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 dealer.

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 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 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): _____

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