



SAFETY RECALL NOTICE

April 2010

<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 two defects, which relate to motor vehicle safety, exist in certain <Year> model year <VINDivisionName> <Vehicle_Name> vehicles. As a result, GM is conducting two safety recalls. 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 09230 and 10118.
- 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 adhesive between the roof panel and the frame may separate. If there is a partial separation, you may notice one or more symptoms, such as a snapping noise when driving over bumps, wind noise, poor roof panel fit, roof panel movement/bounce when a door or hatch is closed, or a water leak in the headliner. If there is a complete separation, the roof panel may detach from the vehicle. If this were to occur while the vehicle was being driven, it could strike a following vehicle and cause injury and/or property damage.

Also, in rare cases, repeated movement of the steering column may cause a signal interruption within the column. If this occurs, the message, "Service Active Handling System" will appear in the Driver Information Center, and one or more of the brakes may apply, possibly causing the vehicle to pull to the right or left. If the driver does not respond to the change in vehicle movement, a crash could occur.

What will we do?

Your <DIV_DLR> <dlr_rtr> will install a new design roof panel, and inspect the wire connection in the steering column, and if necessary, install an additional clip to secure the wire connection. These services 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 and service

correction time of approximately 2 hours to 2 hours and 45 minutes.

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 either of the recall conditions. Even though you may have already had these conditions corrected, you will still need to take your vehicle to your <DIV_DLR> <dlr_rtr> for an inspection and repair.

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

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
09230/10118

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