



**WHAT YOU SHOULD DO**

Please call the Isuzu Special Assistance Center at 1-877-460-0706 or visit our website at [www.isuzu.com](http://www.isuzu.com) to identify the Isuzu service facility that is closest to you. Then, you should contact the service facility to arrange an appointment to bring your vehicle in to have the inspection and the remedy work performed. Please present this letter or refer to Safety Recall No. 12V-306.

**REIMBURSEMENT**

If you already paid for repairs to address the condition covered by this recall prior to the initial notice of August 1, 2012, you may be eligible to have those costs reimbursed. The enclosed form explains the terms under which reimbursement may be available and how to request reimbursement. Among other things, you will need to provide the original paid receipt or invoice verifying the repair and the costs of that repair.

If you have any questions regarding this matter you can visit our website at [www.isuzu.com](http://www.isuzu.com) or contact our Special Assistance Center at 1-877-460-0706.

If you have any problems obtaining the needed repair or believe that this repair has not been made within a reasonable time, you may contact:

**National Owner Relations Department**  
Isuzu Motors America, LLC  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806

If you still are not satisfied, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, S.E., Washington, D.C. 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>.

If you are a vehicle lessor, Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

We regret any inconvenience that this action may cause you.

Sincerely,

ISUZU MOTORS AMERICA, LLC

**CUSTOMER REIMBURSEMENT PROCEDURE**

If you paid to have this condition corrected prior to the initial August 1, 2012 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 service facility.

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.

To file a claim for reimbursement, please follow the instructions on the Claim Form provided on the reverse side of this procedure. If you have any questions or need assistance, please contact Isuzu Owner Relations at 1-800-255-6727, or email at [customerservice@isza.com](mailto:customerservice@isza.com).

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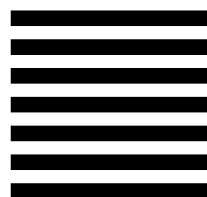
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POSTAGE WILL BE PAID BY ADDRESSEE

**CUSTOMER RELATIONS  
ISUZU MOTORS AMERICA LLC  
1400 S DOUGLAS RD STE 100  
ANAHEIM CA 92806-9966**



**Customer Reimbursement Claim Form**

If you paid to have this condition corrected prior to the initial August 1, 2012 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 service facility.

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

This section to be completed by Claimant

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

17-Digit 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: \_\_\_\_\_

Claimant Email: \_\_\_\_\_

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 letter.

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

**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 mail this claim form and the required documents to:

**Isuzu Owner Relations  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806**

Reimbursement questions should be directed to the following number:

1-800-255-6727

Or E mail at [customerservice@isza.com](mailto:customerservice@isza.com)