



If your vehicle is not drivable due to the conditions noted in this letter, please call the Isuzu Special Assistance Center at 1-877-460-0706 so we can arrange to have the vehicle transported to an Isuzu service facility to be inspected and to receive an appropriate remedy. That transportation will be provided at **no charge**.

**REIMBURSEMENT**

If you have already paid for repairs to address the condition covered by this recall, 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.

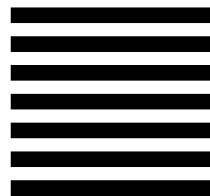
Sincerely,

ISUZU MOTORS AMERICA, LLC

← Tear Here →



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



To mail  
card, tear  
at both  
perforations  
& remove  
this piece.

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL      PERMIT NO 1569      ANAHEIM CA

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 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 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)