

Continued from reverse.

WHAT YOU SHOULD DO

Please call the Isuzu Special Assistance Center at 1-877-460-0706 or visit our website at 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. 13V-547.

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 already paid for repairs to address the condition covered by this recall prior to the initial notice of December 13, 2013, 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 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 December 13, 2013 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.

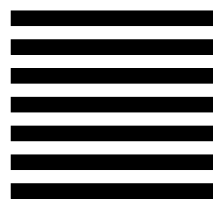
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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE



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

**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 December 13, 2013 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