

Representative Letter – Customer letters are brand, model and model year specific; listing the 17-digit VIN and are personalized.



IMPORTANT SAFETY RECALL

October 2015

Dear General Motors Customer:

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

Previously, you were notified that your 2004-2011 model year Saab 9-3 Convertible was involved in GM recall 14222/15027. This letter is to inform you that parts are now available to repair your vehicle.

General Motors has decided that a defect which relates to motor vehicle safety exists in 2004-2011 model year Saab 9-3 Convertible vehicles. The vehicles subject to this defect notification were manufactured by Saab Automobile AB (Saab), which, at the time of manufacture, was a subsidiary of General Motors Company. As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, GM is concerned about your safety and continued satisfaction with its products.

IMPORTANT

- This notice applies to your Saab 9-3 Convertible, **VIN:** _____.
- Your vehicle is involved in GM safety recall 14222/15027.
- Schedule an appointment with your Saab Official Service Center (OSC).
- This service will be performed for you at **no charge**.

Why is your vehicle being recalled?

The automatic tensioning system cable in the driver's side front seat belt retractors may break, causing seat belt webbing spooled out by the user to not retract. If this occurs, it will become obvious to the seat occupant immediately. If a crash were to occur with a seat belt in this condition, it could increase the risk of injury to the driver.

What will be done?

Your Saab Official Service Center (OSC) will replace the driver's seat belt. This service will be performed for you at **no charge**. Because of service scheduling requirements, it is likely that your Official Service Center will need your vehicle longer than the actual service correction time of approximately 1 hour and 10 minutes.

The passenger side seat belt will not be replaced as part of this recall. However, it will be covered under Special Coverage 15918. This means that if this condition should arise on the passenger side seat belt, it will be replaced free of charge for the life of the vehicle.

What should you do?

You should contact your Saab Official Service Center to arrange a service appointment as soon as possible. If you need assistance locating a Saab Official Service in your area, contact the Saab Customer Assistance Center at 1-800-955-9007.

Did you already pay for this repair?

Even though you may have already had this condition corrected, you will still need to take your vehicle to your OSC for additional repair. If you have paid for repairs for the recall condition, please complete the enclosed reimbursement form and present it to your OSC with all required documents. Working with your OSC will expedite your request; however, if this is not convenient, you may mail the completed reimbursement form and all required documents to Reimbursement Department, PO Box 1590, Troy, MI 48099-1590. The completed form and required documents must be presented to your OSC or received by the Reimbursement Department by August 31, 2015, unless state law specifies a longer reimbursement period.

Do you have questions?

If you have questions or concerns that your OSC is unable to resolve, please contact the Saab Customer Assistance Center at 1-800-955-9007.

If after contacting your Saab Official Service Center 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>. The National Highway Traffic Safety Administration Campaign ID Number for this recall is 14V318.

Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

Jeffrey M. Boyer
Vice President
Global Vehicle Safety

Enclosure
GM Recall #14222/15027

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.

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 1590
Troy, MI 48099-1590**

Reimbursement questions should be directed to the following number:
1-800-955-9007