IMPORTANT SAFETY RECALL

This notice applies to your vehicle, 4NUDT

JUNE 2016

Dear Customer,

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

Previously, you were notified that your 2006 model year Isuzu Ascender was involved in safety recall 14V-755. This recall number has now been changed to safety recall 15V-519.

This letter is to inform you that parts are now available to repair your vehicle.

CONDITION

The manufacturer, General Motors, has decided that a defect, which relates to motor vehicle safety, exists in certain 2006-2008 model year Isuzu Ascender vehicles.

The headlamp driver module (HDM) may not operate properly in the thermal environment of the underhood electrical center. If the HDM is not operating correctly, the low-beam headlamps and daytime running lamps could fail to illuminate. This failure could be intermittent or permanent. This condition does not affect the high-beam headlamps, marker lamps, turn signals, or fog lamps. Loss of low-beam headlamps, when they are required, could reduce the driver's visibility, increasing the risk of a crash.

CORRECTION

Service facilities will replace the headlamp driver module at no charge regardless of mileage, age of vehicle, or ownership.

Continued next page.

IMPORTANT: If you have sold or traded your Isuzu vehicle, please enter the owner's name and address, if known, on the attached "Change of Information" postcard, tear off at both perforations, and drop it in the mail. Postage has already been paid. We will contact the new owner Federal law requires that any vehicle lessor receiving this campaign notice must forward a copy of this notice to the lessee within ten days. Lessor means a person or entity that is the owner, as reflected on the vehicle title, of any five or more leased vehicles.

	— Tear Here——	We're looking to t	he future by recycling today.
ISUZU	Change Of Ownership / Address		
Never owned/	15V-519 Ascender HDM		
Stolen/			
Totaled/scrapped / / 4NUDT		4	To mail
1 Moved, new address below	_	Tear	card, tear
2 Sold vehicle, new owner / address below		xr H	at both perforations
	_	Here	& remove
Signature		4	this piece.
NEW ADDRESS INFORMATION			
Name			
Address			
City Sta	ate Zip Zip		
Phone (

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SAFETY RECALL NOTICE

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ANAHEIM, CA 92806 SUITE 100 1400 SOUTH DOUGLASS ROAD ISUZU MOTORS AMERICA, LLC

With Federal Law

Issued in Accordance

MPORTANT SAFETY RECALL INFORMATION

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Permit No. 175 Whittier, CA **GIA**9 JDATZO9 .2.U SSAJO TS1 TRSR9 Continued from prior page.

WHAT YOU SHOULD DO

We recommend that you contact your Isuzu service facility to schedule an appointment. Present this Owner Notification Letter at the time of your appointment or refer to Campaign Service Bulletin SB16-04-S001. Isuzu estimates that the repair will take approximately 25 minutes to perform. Additional time may also be necessary depending on how appointments are scheduled and processed at your service facility. If you have any questions or need any assistance, contact your Isuzu service facility or you may contact the Isuzu Owner Relations Department at 1-800-255-6727. The Owner Relations department hours of operation are from 6:00am to 4:00pm, PST, Monday through Friday.

REIMBURSEMENT

If you have already paid for repairs to address the condition covered by this safety 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. For example, you will need to provide the original or a clear copy of the paid receipt or invoice verifying the repair and the costs of that repair, in addition to other required information.

If you have any difficulty having this recall performed, we recommend that you call Isuzu customer relations at 1-800-255-6727. If you are still not satisfied that we have remedied this situation without charge, and within a reasonable amount of time, you may wish to write to the Administrator of the National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE, Washington DC 20590, or call the agency's toll-free Vehicle Safety Hotline at 1-888-327-4236 (TTY: 1-800-424-9153), or go to http://www.safercar.gov.

We regret any inconvenience which this action may cause you.

Sincerely,

Isuzu Motors America, LLC

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



CUSTOMER RELATIONS ISUZU MOTORS AMERICA LLC 1400 S DOUGLASS RD., STE 100 ANAHEIM, CA 92806-9966

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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:

NO POSTAGE NECESSARY

IF MAILED

IN THE UNITED STATES

- 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 Motors America, LLC, 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 Email: customerservice@isza.com