

IMPORTANT SAFETY RECALL

This notice applies to your vehicle, [REDACTED]

MAY 2017

Dear Customer,

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act. Your vehicle 5 [REDACTED] 2016 model year Isuzu N-Series is involved in safety recall 17V-191 (TC 2017-173).

WHAT IS THE CONDITION?

Isuzu Motors Limited has decided that a safety related defect exists in certain 2011-2017MY N-Series vehicles. The two bolts associated with the left rear wheel bearing nut (the rear wheel bearing hub locking bolts) may not have been properly torqued during assembly. If either of the bolts loosens and disconnects, the lock washer may loosen or break. When the lock washer breaks or sufficiently loosens, the bearing nut may begin to loosen due to forward rotational movement. After loosening over time, the bearing nut can separate and the wheel assembly can move away from the axle housing while the vehicle is in motion. If the wheel assembly moves outward from the axle housing, the vehicle may be more difficult to control and braking performance can be reduced, increasing the risk of a crash.

WHAT WE WILL DO

Isuzu dealers are to inspect the left rear wheel bearing hub locking bolts for proper torque and, as necessary, tighten the bolts to the specified torque level. This service will be performed **free of charge**.

WHAT YOU SHOULD DO

We recommend that you contact your dealer to schedule an appointment. The dealer will inspect the left rear wheel bearing hub locking bolts for proper torque and, as necessary, tighten the bolts to the specified torque level. Although not necessary, please present this Owner Notification Letter at the time of your appointment or refer to Campaign Service Bulletin CB17-F-001. Isuzu estimates that the repair will take approximately 45 minutes to perform, but

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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 the future by recycling today.

Change Of
Ownership / Address

Axle Shaft
#17V-191

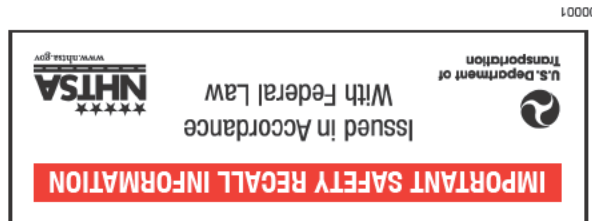
Tear Here

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

SAFETY RECALL NOTICE



AUTO**ALL FOR AADC 015



- Never owned ___/___/___
Date
- Stolen ___/___/___
Date
- Totaled/scrapped ___/___/___
Date
- Moved, new address below
- Sold vehicle, new owner / address below



Signature

NEW ADDRESS INFORMATION

Name

Address

City

State Zip

Phone () -

PRSR1 1ST CLASS
U.S. POSTAGE
PAID
Whittier, CA
Permit No. 175

ISUZU COMMERCIAL TRUCK OF AMERICA, INC.
1400 SOUTH DOUGLASS ROAD
SUITE 100
ANAHEIM, CA 92806

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additional time may also be necessary. To locate the nearest Isuzu dealer you can visit our website at www.isuzucv.com, click on the dealer locator link and enter your zip code or state. If you do not have access to a computer terminal please contact our Customer Relations Department at the number listed below.

**Isuzu Commercial Truck of America
Customer Relations
1-866-441-9638**

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- 866-441-9638. 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 Commercial Truck of America, Inc.

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 Commercial Truck Customer Relations
1400 S. Douglass Road, Suite 100
Anaheim, CA 92806**

Reimbursement questions should be directed to the following number:

1-866-441-9638

Or Email: cvcs@icta-us.com

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

← Tear Here →



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 232 PLYMOUTH, MI

POSTAGE WILL BE PAID BY ADDRESSEE

**CUSTOMER RELATIONS
ISUZU COMMERCIAL TRUCK, INC.
46401 COMMERCE CENTER DRIVE
PLYMOUTH, MI 48170-9982**

