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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**

It is critical that you respond to this notice as soon as possible. If you experience this condition, you should depress and continue to depress the brake pedal. Doing so can bring the vehicle to a stop. Do not pump the brakes. In addition, you may want to shift the transmission gear shift lever into the Neutral (N) position.

**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.

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**



**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](mailto:cvcs@icta-us.com)