



IMPORTANT SAFETY RECALL

November 2024

This notice applies to your vehicle, **VIN:** _____

Dear General Motors Customer:

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

General Motors has decided that a defect which relates to motor vehicle safety exists in certain 2018 model year Chevrolet Silverado 1500 and GMC Sierra 1500 vehicles and 2018 – 2019 model year Chevrolet Silverado 2500/3500 and GMC Sierra 2500/3500 vehicles. As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

IMPORTANT

- Your vehicle is involved in GM recall N242474500.
- Schedule an appointment with your GM dealer.
- This service will be performed for you at **no charge**.

Why is your vehicle being recalled?

In these vehicles, the roof-rail airbag (“RRAB”) inflators, which are located on the left- and right-side roof rails above the headliner, may contain a manufacturing defect that may result in inflator end cap separation or inflator sidewall split. If the end cap separates from the RRAB inflator or a sidewall rupture occurs, the compressed gas will escape from the inflator and the end cap or other components can be propelled into the vehicle, potentially causing an occupant injury if the vehicle is occupied.

What will we do?

Your GM dealer will replace suspect left and right side RRAB modules. This service will be performed for you at **no charge**. Because of service scheduling requirements, it is likely that your dealer will need your vehicle longer than the actual service correction time of approximately 3 hours.

What should you do?

You should contact your GM dealer to arrange a service appointment as soon as possible.

Did you already pay for this repair?

Even though you may have previously had repairs for this condition, you will still need to take your vehicle to your dealer for additional repairs. If you have already paid for repairs for the recall condition, **and those repairs were completed prior to this mailing**, please complete the enclosed reimbursement form and present it to your dealer with all required documents. Working with your dealer 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 33170, Detroit, MI 48232-5170.

Do you have questions?

If you have questions or concerns that your dealer is unable to resolve, please contact the appropriate Customer Assistance Center at the number listed below.

For the hearing or speech impaired, please contact our Customer Assistance Center using the Telecommunication Relay Service by dialing 711 then providing the appropriate Customer Assistance Center number for your vehicle.

| Division | Number | Text Telephones (TTY) |
|-----------------------|----------------|-----------------------|
| Chevrolet | 1-800-630-2438 | 1-800-833-2438 |
| GMC | 1-866-996-9463 | 1-800-462-8583 |
| Puerto Rico – English | 1-800-496-9992 | |
| Puerto Rico – Español | 1-800-496-9993 | |
| Virgin Islands | 1-800-496-9994 | |

If after contacting your dealer 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.nhtsa.gov>. The National Highway Traffic Safety Administration Campaign ID Number for this recall is 24V756.

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

Regina Carto
Vice President
Global Vehicle Safety and Systems

Enclosure
GM Recall: N242474500

(reimbursement form below)

General Motors Product Field Action Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: _____

Street Address or P. O. Box Number: _____

City: _____ State: _____ Zip Code: _____

Preferred Contact Telephone Number (include Area Code): _____

Preferred Contact Email Address: _____

Date Request Form and Supporting Documentation Submitted to Dealer: _____

Vehicle Identification Number of Involved Vehicle: _____
(17 Characters)

Mileage at Time of Repair: _____ Date of Repair: _____

Amount of Reimbursement Requested: \$ _____

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST 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.
- Description of problem, the repair performed, date of repair and who performed the repair.
- The total cost of the repair expense that is being requested.
- Proof of 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.

Customer's Signature: _____

Submit this request form and the required documents to your GM dealer for processing. All reasonable and customary costs to correct the condition described in the letter that came with this form will be considered for reimbursement. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-866-467-9700.

This section to be completed by dealer (please print)

Bulletin No.: _____ Request Approved: _____ Date: _____ Amount: \$ _____

Request Denied: _____ Date: _____ Reviewed By: _____

Reason: _____

If denied, please provide a copy of this form to the customer and retain original for your files