

Continued from prior page.

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.

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: 1-888-275-9171) or go to <http://www.nhtsa.gov>.

We regret any inconvenience 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:

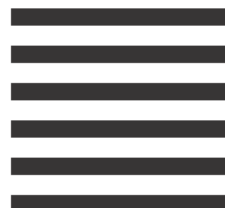
Isuzu Commercial Truck Customer Relations
1400 S. Douglass Road, Suite 100
Anaheim, CA 92806

Reimbursement questions should be directed to the following number: 1-866-441-9638
Or Email: cvcs@icta-us.com

← Tear Here →



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IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 106 ANAHEIM, CA

POSTAGE WILL BE PAID BY ADDRESSEE

ISUZU COMMERCIAL TRUCK, INC.
CUSTOMER RELATIONS
PO BOX 66011
ANAHEIM CA 92816-9900

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