OWNER NOTIFICATION LETTER - CANADA

CSC-10056376-1678

Dear Customer:

As the owner of a <MY> <make> <series> vehicle, your satisfaction with our product is very important to us.

This letter is intended to make you aware that the Number 1 NOx Sensor of the Selective Catalyst Reduction ("SCR") System in some 2011 MY Isuzu N-Series vehicles may fail internally, setting various Diagnostic Trouble Codes ("DTC") such as P2201, P2206, P2207, P1490 or P2000. If this occurs, the Check Engine Malfunction Indicator Lamp (MIL), Exhaust System Warning Lamp and Diesel Exhaust Fluid (DEF) Indicator Lamp will illuminate.

You do not need to take your vehicle to your Isuzu dealer as a result of this letter unless you believe that your vehicle has the condition described above.

WHAT WE HAVE DONE

Isuzu Commercial Truck of Canada is providing owners with additional protection for the Number 1 NOx Sensor. If this condition occurs on your vehicle within ten (10) years of the date your vehicle was originally placed in service or 241,000km (150,000 miles), whichever occurs first, the condition will be repaired for you at **no charge**. Repair for conditions other than the condition described above is not covered under this special policy.

WHAT YOU SHOULD DO

Repairs and adjustments qualifying under this special policy must be performed by an Isuzu dealer or Isuzu-authorized service facility. If you believe your vehicle has the condition described above, you may want to contact your Isuzu dealer to find out how long they will need to have your vehicle so that you may schedule the appointment at a time that is convenient for you. This will also allow your dealer to order parts if they are not already in stock. Keep this letter with your other important glove box literature for future reference.

REIMBURSEMENT

If you have already paid for repairs to address the condition covered by this special policy, 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.

To locate the nearest Isuzu dealer you can visit our website at www.isuzutruck.ca and click on the dealer locator icon and enter your province. Should you not have access to a computer terminal please contact our Customer Relations Department by calling 1-866-441-9638.

We regret any inconvenience this action may cause you; however, we have taken this action in the interest of your continued satisfaction with our products.

Sincerely,

Isuzu Commercial Truck of Canada

CUSTOMER REIMBURSEMENT CLAIM FORM

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement. Request 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 dealer.

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: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

E-Mail Address: _____

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 recall.

Claimant's Signature: _____

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive an explanation or letter with the reason(s) for the denial, or
- Incomplete, you will receive a request or 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.

Present this form and required documents to your local dealer or mail them directly to:
Isuzu Owner Relations Department
1400 S. Douglass Road, Suite 100
Anaheim, CA 92806

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