



Campaign Service

BULLETIN

IMPORTANT SERVICE INFORMATION FOR:

- ✓ SERVICE MANAGER
- ✓ SERVICE ADVISOR
- ✓ TECHNICIAN
- ✓ PARTS DEPARTMENT
- ✓ WARRANTY PERSONNEL

BULLETIN NUMBER:
SB16-02-S001A

ISSUE DATE:
AUGUST 2016

GROUP:
FUEL & EXHAUST

Special Policy Adjustment



LV

FUEL TANK INLET CHECK VALVE FRACTURE

AFFECTED VEHICLES

- 2003-2004 MY Isuzu Ascender (US Model – Long Wheel Base, 7-passenger)
VIN range from 32100001 through 46702476
- 2004 Isuzu Ascender (UT Model – Short Wheelbase, 5-passenger)
VIN range from 42100001 through 42105004

This bulletin supersedes previous bulletin SB16-02-S001. This bulletin is being revised to update part descriptions. Please discard previous bulletin SB16-02-S001.

NOTE: If you have questions, including coverage questions, please contact the Dealer Support Line at 1-800-533-0244 (Option 2)

SERVICE INFORMATION

CONDITION

Some 2003-2004 model year Isuzu Ascender vehicles contain a fuel tank inlet check valve (ICV) that could fracture. The ICV is located above the full fuel level. A fractured ICV could allow fuel vapors to pass through and droplets of fuel to accumulate on the side of the fuel tank as it passes over the fracture during refueling. If the ICV fractures, the vehicle's Service Engine Soon (SES) light may illuminate, and the owner may notice a fuel odor and/or a few drops of fuel on the ground when refueling the vehicle.

SPECIAL POLICY ADJUSTMENT

This special coverage covers the condition described for a period of 15 years or 150,000 miles whichever occurs first, from the date the vehicle was originally placed in service, regardless of ownership.

Service facilities are to follow the instructions as outlined in this bulletin. Any necessary repairs will be made at **no charge** to the customer.

For vehicles covered by Vehicle Service Contracts, all eligible claims with repair orders on or after January 29, 2016, are covered by this special policy and must be submitted using the labor operation codes provided in this bulletin. Claims with repair orders prior to January 29, 2016, must be submitted to the Service Contract provider.

VEHICLES INVOLVED

Involved are certain 2003-2004 model year Isuzu Ascender vehicles.

Important: Service facilities are to confirm vehicle eligibility prior to beginning repairs.

For service facilities with involved vehicles, a listing of involved vehicles containing the complete vehicle identification number has been or will be provided. Service facilities will not have a report available if they have no involved vehicles currently assigned.

PARTS INFORMATION

Parts required to complete this special policy are to be obtained from American Isuzu Parts Distribution Network (AIPDN). Normal orders should be placed on a stock order. In an emergency situation, parts should be ordered on a VOR order (Vehicle Off Road).

Part Number	Description	Qty
8-15229-310-0	Tank, Fuel (Ext Wheelbase/SSR)	1
8-15229-311-0	Tank, Fuel (Fuel Filter Mounted on Tank)	1
8-15231-628-0	Tank Fuel (Fuel Filter Mounted on Frame)	1

NOTE: Other associated parts may require replacement during this repair due to corrosion. Please reference the appropriate parts catalog for information on any additional parts that may be required.

SERVICE PROCEDURE

1. Inspect the fuel tank for a leak at the fuel tank inlet check valve (ICV). Refer to Fuel Tank Leak Test in the Diagnostic Information and Procedures section of the Service Manual.
 - a. If the fuel tank does NOT require replacement, no further action is required. Inform the customer that additional diagnosis and repairs are not covered under this special policy. However, if the condition presents itself at a later time within the timeframe of the special policy, replace the fuel tank. Refer to the Fuel Tank Replacement in the Service Manual.

CUSTOMER REIMBURSEMENT

All customer requests for reimbursement for previous repairs for the special policy condition will be handled by the Isuzu Owner Relations Department, not by dealers.

Isuzu Motors America, LLC Special Policy Customer Reimbursement Claim Form is included with the customer letter.

CLAIM INFORMATION

Use the following labor operation:

Operation	Operation No.	Task	Time	Trouble Code
Inspect Fuel Tank – No ICV Fracture Found	*02T5676	Inspect	0.3	71
Inspect and Replace Fuel Tank	*02T5663	Replace	2.3	71

**This is a unique labor operation for bulletin use only. It will not be published in the Labor Time Guide.*

NOTE:

- 1. Labor Time includes administrative time allowance.**
- 2. Information released on paper and electronic format prior to bulletin release cannot be updated. For the most current and up to date information, refer to IsuzuONE.com.**
- 3. Always refer to the Isuzu Service Policy Procedure Manual for specific details on warranty coverage and policies.**

OWNER NOTIFICATION

Isuzu Motors America, LLC will notify customers of this special policy on their vehicles (see copy of typical customer letter included with this bulletin).

SAMPLE OWNER LETTER

SPECIAL POLICY

This notice applies to your vehicle, <VIN>

JANUARY 2016

Dear Isuzu Ascender Customer:

As the owner of a 2003-2004 model year Isuzu Ascender, your satisfaction with our product is very important to us.

Previously you may have been notified of your vehicle's involvement in an Isuzu Special Policy that covered the condition described in this letter for a period of ten (10) years or 150,000 miles, whichever occurs first, from the date the vehicle was originally placed in service, regardless of ownership. That program has been superseded by a fifteen (15) year or 150,000 mile Isuzu Special Policy.

This letter is intended to make you aware that some 2003-2004 model year Isuzu Ascender vehicles may contain a fuel tank inlet check valve (ICV) that could fracture. The ICV is located above the full fuel level. A fractured ICV could allow fuel vapors to pass through and droplets of fuel to accumulate on the side of the fuel tank as it passes over the fracture during refueling. If the ICV fractures, the vehicle's Service Engine Soon (SES) light may illuminate, and you may notice a fuel odor and/or a few drops of fuel on the ground when refueling the vehicle.

Do not take your vehicle to your Isuzu service facility as a result of this letter unless you believe that your vehicle has the condition as described above.

What We Have Done:

Isuzu Motors America, LLC is providing owners with additional protection for the condition described above. If this condition occurs on your <MY> <VIN> Isuzu Ascender within fifteen (15) years of the date your vehicle was originally placed in service or 150,000 miles, whichever occurs first, the condition will be repaired for you at **no charge**. Diagnosis or repair for conditions other than the condition described above is not covered under this special policy.

What You Should Do:

If you believe that your vehicle has the condition described above, repairs and adjustments qualifying under this special policy must be performed by an Isuzu service facility. You may want to contact your service facility 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 service facility 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 paid for repairs for the recall condition described above and have not already submitted for reimbursement for this special policy, please complete the enclosed reimbursement form, which explains the terms under which reimbursement may be available and how to request reimbursement. Among other things, you will need to provide the original paid receipt or invoice verifying the repair and the costs of that repair.

If you have any questions or need any assistance, just contact your Isuzu service facility or the Isuzu Owner Relations Department at (800) 255-6727. The Owner Relations department hours of operation are from 6:00am to 5:00pm, PST, Monday through Friday.

We are sorry for any inconvenience you may experience; however we have taken this action in the interest of your continued satisfaction with our products.

Sincerely,

ISUZU MOTORS AMERICA, LLC

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 recall 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.

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 Owner Relations
1400 S. Douglass Road, Suite 100
Anaheim, CA 92806

Reimbursement questions should be directed to the following number:

1-800-255-6727

Or E-mail at: customerservice@isza.com