

Service Bulletin



50
YEARS IN THE USA

SUZUKI MOTOR OF AMERICA, INC.
3251 E. Imperial Hwy, Brea CA 92821 USA

MOTORCYCLE DIVISION
GS/GSX/GSX-R NO. 229
DATE: 11/05/2013

SUBJECT: GSX-R Safety Recall — Handling Customer Questions Regarding Reimbursement

MODELS: 2004-2013 GSX-R600
2004-2013 GSX-R750
2005-2013 GSX-R1000

The GSX-R600/750/1000 safety recall campaign may generate questions among your customers concerning reimbursement for prior repairs. (See *GS/GSX/GSX-R No. 228 — Safety Recall Campaign — Front Brake Master Cylinder.*)

If they come to your dealership to inquire about this, please do the following:

- 1) Provide the customer with a copy of the attached *Customer Reimbursement Claim Form*.

Additional copies can be found at www.suzukicycles.com/recalls.aspx.

Also direct them to the same website to read the document titled *Frequently Asked Questions*.

- 2) Instruct them to fill out the form and provide the required supporting documentation. This **MUST** include:
 - A. The completed form
 - B. A copy of the repair receipt or invoice
 - C. Proof of ownership at the time of repair
 - D. Proof of payment for the repair
- 3) Instruct the customer to scan and e-mail the completed form and supporting documentation to fbmc@suz.com, or to mail the form and documentation to:

Suzuki Motor of America, Inc.
ATTN: Customer Service Department
3251 East Imperial Highway
Brea, CA 92821-6795

Suzuki Motor of America, Inc., will act upon the reimbursement claim within 60 days of receiving the form and related documentation.

Affected Departments:

The following departments in your dealership should be notified of this information:

- Management Service Warranty Sales Parts Accessories

Suzuki Motor of America, Inc.
Technical Service Department
Motorcycle Division

CUSTOMER REIMBURSEMENT CLAIM

TODAY'S DATE: _____

COMPLETE 17-DIGIT VEHICLE IDENTIFICATION NUMBER (VIN): _____

MILEAGE AT THE TIME OF REPAIR: _____

DATE OF REPAIR: _____

CLAIMANT NAME (PLEASE PRINT): _____

STREET ADDRESS OR P.O. BOX NUMBER: _____

CITY: _____

STATE: _____

ZIP CODE: _____

CLAIMANT E-MAIL ADDRESS: _____

DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE): _____

EVENING TELEPHONE NUMBER (INCLUDE AREA CODE): _____

AMOUNT OF REIMBURSEMENT REQUESTED: \$ _____

ADDITIONAL DETAILS CAN BE FOUND AT WWW.SUZUKICYCLES.COM/RECALLS.ASPX.