



SAFETY RECALL NOTICE

<CustomerName>
<CustomerAddress>

Dear <CustomerName>:

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

General Motors has decided that a defect, which relates to motor vehicle safety, exists in certain <Year> model year <VINDivisionName> <Vehicle_Name> vehicles equipped with a heated washer fluid system (HWFS). 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 <Year> model year <VINDivisionName> <Vehicle_Name>, VIN <VIN>, is involved in safety recall <Recall>.
- Schedule an appointment with your <DIV_DLR> <dlr_rtr>.
- This service will be performed for you at **no charge**.

Why is your vehicle being recalled?

A recall was implemented on some vehicles in 2008 to add a fuse to the HWFS control circuit harness to address the potential consequences of a printed circuit board electrical short. However, there have been new reports of thermal incidents on HWFS modules after this improvement was installed. These incidents resulted from a new failure mode attributed to the device's thermal protection feature. Their significance varies from minor distortion to considerable melting of the plastic around the HWFS fluid chamber. In some circumstances, it is possible for the heated washer module to cause a fire.

What will we do?

Your <DIV_DLR> <dlr_rtr> will permanently disable and remove the heated washer fluid system. In addition, because the heated wash feature will be disabled, the dealer will provide a customer satisfaction payment of \$100 to the customer. This service will be performed for you at **no charge**. Because of service scheduling requirements, it is likely that your <dlr_rtr> will need your vehicle longer than the actual service correction time of approximately 20 minutes.

An updated page for your Owner Manual will be provided and inserted at the time of service to document that the feature has been permanently disabled and removed from your vehicle.

If your vehicle is within the New Vehicle Limited Warranty, your <dlr_rtr> may provide you with shuttle service or some other form of courtesy transportation while your vehicle is at the <dship_fclty> for this repair. Please refer to your Owner Manual and your <dlr_rtr> for details on courtesy transportation.

What should you do?

You should contact your <DIV_DLR> <dlr_rtr> to arrange a service appointment as soon as possible.

Did you already pay for this repair?

The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the recall condition. Even though you may have already had this condition repaired in the past, you will still need to take your vehicle to your <DIV_DLR> <dlr_rtr> for additional repairs.

Do you have questions?

If you have questions or concerns that your <dlr_rtr> is unable to resolve, please contact the <VINDivisionName> Customer Assistance Center at <DivCACPhone>. More information about your vehicle can be found at the GM Owner Center at www.gmownercenter.com

If after contacting your <dlr_rtr> 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.safercar.gov>.

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

<Closing>

Enclosure
10153-1

Customer Reimbursement Procedure

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 <dlr_rtr>.

Your claim will be acted upon within 60 days of receipt of all required documents.

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 follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have questions about this reimbursement procedure, please call the toll-free telephone number provided at the bottom of the form. If you have any questions or need assistance with any other concern, please contact the <VINDivisionName> Customer Assistance Center at <DivCACPhone>.

Customer Reimbursement Claim Form

This section to be completed by Claimant

Date Claim Submitted: _____

17-Character Vehicle Identification Number (VIN): _____

Current Mileage of Vehicle: _____

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): _____

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, the repair performed, the date of repair, and who performed the repair.
- 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: _____

Please mail this claim form and the required documents to:

**Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:
1-800-204-0261