



Saab
P.O. Box 909970
Milwaukee, WI 53209

SAFETY RECALL NOTICE

NOTICE:

IMPORTANT SAFETY RECALL

Saab Recall No. 15031 (11281)

NHTSA Recall No. 11V-464

April 2012

Dear Saab Customer,

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act. Fuji Heavy Industries and Saab Automotive AB have decided that a defect which relates to motor vehicle safety exists in certain 2005 and 2006 model year 9-2X models. Public records indicate that you are the current owner or driver of a 2005 or 2006 model year Saab 9-2X that may be subject to this condition and currently registered in, at least one of the following states: Connecticut, Maine, New Hampshire, Vermont, Delaware, Maryland, New Jersey, West Virginia, Massachusetts, New York, Wisconsin, Illinois, Michigan, Ohio, Indiana, Minnesota, Pennsylvania, Iowa, Missouri, Rhode Island, and the District of Columbia.

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

It has been determined that your vehicle may have been manufactured with front lower control arms (transverse links) that could corrode if the hanger bracket area is exposed to salt for a prolonged period of time. If the vehicle is operated for an extensive period in a "salt-belt" area (states listed above that use salt extensively on the roads in the winter), continued exposure to salt could cause the lower control arm hanger brackets to rust and eventually break.

DESCRIPTION OF THE SAFETY HAZARD

The lower control arms are part of your vehicle's front suspension. If one or both were to break due to rusting, control of the vehicle could be affected without prior warning, possibly resulting in a crash. If you encounter this situation, avoid sudden braking and steer straight ahead as you gradually slow down. Then move to an area off of the roadway where you can safely stop.

INSPECTION/REPAIR

Your Saab dealer will inspect the current condition of your vehicle's front lower control arms. If both are found to be acceptable, anti-rust materials will be applied to the areas of concern as a preventive measure. If either control arm is found to be unacceptable, both will be replaced. These repairs will be performed at no cost to you. The time to inspect the front lower control arms and apply anti-rust material is approximately 45 minutes. However, if it is determined that the lower control arms require replacement, the total estimated repair time is approximately 2 hours and 40 minutes and the parts will need to be ordered.

REIMBURSEMENT

The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for this condition. Your request for reimbursement, including the information and documents mentioned on the enclosed form, must be received by April 30, 2013.

If you have any question or need any assistance to better understand related repairs, please contact your dealer. If you have question related to a potential reimbursement, please contact the Saab Customer Assistance Center at 1-855-880-0808.

You are urged to make an appointment with your Authorized Saab dealer as soon as possible. All Saab dealers have received the recall service information needed to rectify your vehicle.

Please refer to the attachment for further information. This action is being taken in the interest of your safety and continued satisfaction with your Saab vehicle.

OWNER INFORMATION ATTACHMENT:
SAAB RECALL NO. 15031 (11281)

1. What is the defect?

Your vehicle may have been manufactured with front lower control arms (transverse links) that could corrode in the hanger bracket area if exposed to salt for a prolonged period of time. If the vehicle is operated for an extensive period in a "salt-belt" area (states listed above that use salt extensively on the roads in the winter), continued exposure to salt could cause the lower control arm hanger brackets to rust and eventually break.

2. What are the safety risks?

The lower control arms are part of your vehicle's front suspension. If one or both were to break due to rusting, control of the vehicle could be affected without prior warning, possibly resulting in a crash. If you encounter this situation, avoid sudden braking and steer straight ahead as you gradually slow down. Then move to an area off of the roadway where you can safely stop.

3. What steps are being taken to address this condition?

Take your vehicle to an authorized Saab dealer, who will inspect and test the current condition of your vehicle's front lower control arms. If both are found to be acceptable, anti-rust materials will be applied to the areas of concern as a preventive measure. If either control arm is found to be unacceptable, both will be replaced. These repairs will be performed at no cost to you.

We urge you to make an appointment with your Saab dealer as soon as possible. Please bring this letter with you on the day of your appointment.

There is no charge for this recall.

4. What if you have a problem or question regarding this recall?

The Saab Customer Assistance Center is available to assist you in resolving any questions and may be contacted toll free at 1-855-880-0808. If after contacting the Saab Customer Assistance Center and your Saab dealer, you are still not satisfied that we have done our best to remedy this condition within 60 days after you receive this notice, you may submit a complaint to the Administrator, NHTSA, 1200 New Jersey Ave., SE, Washington, DC 20590; or call the toll-free Vehicle Safety Hotline at 888-327-4236 (TTY: 1-800-424-9153); or go to <http://www.safercar.gov>.

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 dealer.

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 Saab Customer Assistance Center at 1 855 880-0808.

Customer Reimbursement Claim Form

11281

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