

## Instructions for Reimbursement Safety Recall: 2004–08 TSX ECM/PCM Corrosion

### Reimbursement eligibility

You may be eligible for reimbursement if you previously paid to have the ECM or PCM replaced because of DTC P0606 or no communication between the HDS and the ECM/PCM.

- You must have had your vehicle repaired before receiving this notice.
- You must have owned the vehicle at the time of repair. You are still eligible if you no longer own the vehicle.

NOTE: Any incidental expense or inconvenience you may have suffered due to the loss of use of your vehicle may not be reimbursable.

### To apply for reimbursement

- ✓ **Complete this reimbursement form.**
- ✓ **Attach a copy of the repair receipt or invoice.** A copy of the repair invoice from an authorized Acura dealer or independent repair facility, indicating the replacement of the ECM or PCM because of DTC P0606 or no communication between the HDS and ECM/PCM, will meet this need. This invoice should show your vehicle's model, vehicle identification number (VIN), the name and address of the facility that did the repair, the itemized cost of the repair (parts and labor), and the date the work was completed.
- ✓ **Attach proof of payment**, such as a copy of the canceled check, bank statement, cash receipt, or credit card receipt showing that you paid for the repair.
- ✓ **Mail this completed form and the copies of the receipts and invoices to:**

**American Honda Motor Co., Inc.  
Automobile Customer Service  
P.O. Box 2964  
Torrance, CA 90509-2964**

**Please allow 6 to 8 weeks for reimbursement.**

**Failure to include proper documentation can delay your reimbursement. If you have questions, please call your local authorized Acura dealer. If they cannot help you, call 800-382-2238, and select option 4.**

*Fill in the blanks below. Please print clearly, and provide complete information.*

\_\_\_\_\_  
Name ( ) \_\_\_\_\_  
Daytime telephone number

\_\_\_\_\_  
Address Apt. No.

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Vehicle Identification Number (VIN) REQUIRED Mileage at time of repair \$ \_\_\_\_\_  
Total amount requested

Name of facility that did the repair \_\_\_\_\_

**Make sure to include all required supporting information with your request.**

**(Si usted necesita esta información en español por favor comuníquese con Servicio al Cliente al 800-999-1009 y seleccione la opción 4.)**