

Continued from reverse.

REIMBURSEMENT

If you have already paid for repairs to address the condition covered by this safety recall, you may be eligible to have those costs reimbursed. The enclosed form explains the terms under which reimbursement may be available and how to request reimbursement. Among other things, you will need to provide the original or a clear copy of the paid receipt or invoice verifying the repair and costs of that repair.

If you have any difficulty having this recall performed, we recommend that you call Isuzu customer relations at 1-866-441-9638. If you are still not satisfied that we have remedied this situation without charge, and within a reasonable amount of time, you may wish to write to the Administrator of the National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE, Washington DC 20590, or call the agency's toll-free Vehicle Safety Hotline at 1-888-327-4236 (TTY: 1-800-424-9153), or go to <http://www.safercar.gov>.

We regret any inconvenience which this action may cause you.

Sincerely,

Isuzu Commercial Truck of America

**Isuzu Commercial Truck of America
Safety Recall Customer Reimbursement Claim Form**

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: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

E-Mail Address: _____

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 recall.

Claimant's Signature: _____

Please mail this claim form and the required documents to:

Isuzu Commercial Truck of America, Inc.
Customer Relations Department
1400 S. Douglass Road, Suite 100, Anaheim, CA 92806 * 1-866-441-9638
All safety recall reimbursement questions should be directed to the following number:
1- 866-441-9638

To mail card, tear at both perforations & remove this piece.

← Tear Here →



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ISUZU MOTORS AMERICA LLC
1400 S DOUGLAS RD STE 100
ANAHEIM CA 92806-9966**

