



SAFETY RECALL NOTICE

<CustomerName>
<CustomerAddress>

Dear <CustomerName>:

General Motors is very interested in your safety and continued satisfaction with your vehicle. Our records show that although your <Year> model year <VINDivisionName> <Vehicle_Name> vehicle is subject to an important safety recall, the necessary repairs have not been made. Therefore, we are sending an additional notification of this important safety recall. Please follow the instructions below to address this important matter.

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

The Pontiac Vibe was engineered and designed by Toyota and built by New United Motor Manufacturing Inc. (NUMMI), a joint venture between Toyota and GM.

Toyota has decided that a defect, which relates to motor vehicle safety, exists in certain <Year> model year <VINDivisionName> <Vehicle_Name> vehicles equipped with a 1.8L MFI engine and two-wheel drive transmission. 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> dealer.
- This service will be performed for you at **no charge**.

Why is your vehicle being recalled?

The Powertrain Control Module (PCM) on your vehicle may have been improperly manufactured and include components that can fail prematurely. In most cases, the engine warning lamp could be illuminated, harsh transmission shifting could result, the engine may stall, or the engine may not start. In limited instances, the engine could stall while the vehicle is being driven, increasing the risk of a crash.

What will we do?

Your <DIV_DLR> dealer will inspect the production number of the PCM in your vehicle and, if necessary, replace it. This service will be performed for you at **no charge**. Because of service scheduling requirements, it is likely that your dealer will need your vehicle longer than the actual inspection time of 15 minutes. If the PCM requires replacement, an additional 25 minutes will be required.

What should you do?

You should contact your GM dealer to arrange a service appointment as soon as possible.

Please remember that the state of California requires the completion of recalls on emission related parts prior to vehicle registration renewal. In addition, the state requires that every vehicle must pass an emission test (SMOG Check) every two years and before it is sold. Without the completion of this **no charge** safety recall, your vehicle may be more likely to fail this test. At the time of the recall completion, your dealer will issue you a "Proof of Correction Certificate". Keep this certificate and, if required, present it to the Department of Motor Vehicles when renewing your registration as proof of recall completion.

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 and have not already submitted a request.

Do you have questions?

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

If after contacting your dealer 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>. The National Highway Traffic Safety Administration Campaign ID Number for this recall is 10V387.

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
10282-3

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