



SAFETY RECALL NOTICE

October 2007

<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.

General Motors has decided that a defect, which relates to motor vehicle safety, exists in all <Year> model year <VINDivisionName> <Vehicle_Name> vehicles. 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 04014.
- Schedule an appointment with your <VINDivisionName> dealer.
- This service will be performed for you at **no charge**.

Why is your vehicle being recalled?

Your vehicle has a condition in which the original equipment nylon tubing used in the fuel rail construction may degrade and crack. Cracking of the fuel rail tubing can result in a fuel leak into the engine compartment. The operator may experience fuel odor and possibly engine stalling due to loss of fuel pressure to the engine. If this event were to occur, and if an ignition source were present, an engine compartment fire could occur.

What will we do?

Your <VINDivisionName> dealer will inspect and, if necessary, replace the engine fuel rail with a new stainless steel fuel rail. This service will be performed for you at **no charge**. It is likely that your dealer will need your vehicle longer than the actual time of approximately one hour because of service scheduling requirements.

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

What should you do?

You should contact your <VINDivisionName> dealer to arrange a service appointment as soon as possible. Bring the enclosed customer reply form with you when you visit your dealer. The form identifies the repairs required. If you no longer own this vehicle, please let us know by completing the form and mailing it back to us.

Did you already pay for this repair?

An enclosed claim form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the recall condition.

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 this recall can be found at the Owner Center at MyGMLink, <http://www.gm.com/recall>.

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>.

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
04014

Customer Reimbursement Procedure

If you have paid to have this recall 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.

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 any questions or need assistance, 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): _____

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, 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 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