Representative Letter – Customer letters are brand, model and model year specific; listing the 17-digit VIN and are personalized.



IMPORTANT SAFETY RECALL

February 2015

This notice applies to your vehicle,	, VIN:

Dear General Motors Customer:

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

Previously, you were notified that your 2008 model year Chevrolet Aveo was involved in GM recall 14093. This letter is to inform you that parts are now available to repair your vehicle.

General Motors has decided that a defect which relates to motor vehicle safety exists 2004 - 2008 model year Chevrolet Aveo 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 vehicle is involved in GM recall 14093.
- Schedule an appointment with your GM dealer.
- This service will be performed for you at **no charge**.

Why is your vehicle being recalled?

A metal oxide semiconductor field effect transistor (MOSFET) within the daytime running lamp (DRL) module, which is located under the instrument panel, may operate in an unintended state due to external cause. While in this state, if the over temperature protection circuit and heat sinking capability of the DRL module do not adequately protect the DRL module, the DRL module could melt and cause a fire.

What will we do?

Your GM dealer will install a revised DRL module, inspect the wiring connector for heat damage, and clean the DRL circuit grounds. 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 and service correction time of approximately 35 minutes.

What should you do?

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

Did you already pay for this repair?

Even though you may have already had repairs for this condition, you will still need to take your vehicle to your dealer for additional repairs. If you have paid for repairs for the recall condition, please complete the enclosed reimbursement form and present it to your dealer with all required documents. Working with your dealer will

expedite your request, however, if this is not convenient, you may mail the completed reimbursement form and all required documents to Reimbursement Department, PO Box 33170, Detroit, MI 48232-5170. The completed form and required documents must be presented to your dealer or received by the Reimbursement Department by January 31, 2016, unless state law specifies a longer reimbursement period.

Do you have questions?

If you have questions or concerns that your dealer is unable to resolve, please contact the appropriate Customer Assistance Center at the number listed below.

Division	Number	Text Telephones (TTY)
Chevrolet	1-800-222-1020	1-800-833-2438
Guam	65-6267-1752	
Puerto Rico – English	1-800-496-9992	
Puerto Rico – Español	1-800-496-9993	
Virgin Islands	1-800-496-9994	

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 14V261.

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

Jeffrey M. Boyer Vice President Global Vehicle Safety

Enclosure GM Recall #14093

General Motors Product Field Action Customer Reimbursement Request Form

This section to be completed by customer (please print)						
Customer Name:						
Street Address or P. O.	Box Number:					
City:	;	State:	Zip Code:			
Daytime Telephone Nu	mber (include Area C	ode):				
Evening Telephone Nu	mber (include Area C	ode):				
Date Request Form and	d Supporting Docume	entation Submit	ted to Dealer:			
Vehicle Identification No	umber of Involved Ve	hicle:	(17 Characte	ers)		
Mileage at Time of Rep	air:	D	ate of Repair:			
Amount of Reimbursem	nent Requested: \$					
THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST FORM.						
Original or clear copy or	f 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. Description of problem, the repair performed, date of repair and who performed the repair. The total cost of the repair expense that is being requested. Proof of payment for the repair in question and the date of payment. (Copy of cancelled check, copy of credit card receipt or receipt for cash payment) My signature to this document attests that all attached documents are genuine and I request						
reimbursement for the e	expense I incurred for	the repair cov	ered by this letter.			
Customer's Signature:						
Submit this request form and the required documents to your GM dealer for processing. All reasonable and customary costs to correct the condition described in the letter that came with this form will be considered for reimbursement. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-800-204-0261.						
This section to be completed by dealer (please print)						
Bulletin No.:	Request Approve	ed: Date	: Ar	mount: \$		
Request Denied:	Date:	_ Reviewed By	:			
Reason:						

If denied, please provide a copy of this form to the customer and retain original for your files