



# IMPORTANT SAFETY RECALL

March 2020

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.

Isuzu Motors Limited has decided that a defect which relates to motor vehicle safety exists in certain 2019 model year Chevrolet Low Cab Forward 3500/4500 Medium Duty, and 2020 model year Chevrolet Low Cab Forward 4500/5500 Medium Duty vehicles equipped with 6.0L gas engines, or 5.2L Diesel engines. These vehicles are manufactured by Isuzu. 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 N202292780.
- Schedule an appointment with your GM dealer.
- This service will be performed for you at **no charge**.

### Why is your vehicle being recalled?

The front seat belt assembly has a dual mode belt locking mechanism in the retractor assembly: The belt webbing locking mechanism (which is applied by the rapid movement of the seat belt) may not function. Occupants may not be restrained as designed and/or may become unrestrained if the separate G-sensor locking mechanism becomes unavailable, increasing the risk of injury in the event of a crash.

### What will we do?

Your GM dealer will check the front seat belt label number and front seat belt assembly date. If the front seat belt(s) fall(s) within the production range identified, the front seat belt assembly will be replaced. 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 time of approximately 1 ½ hours.

### 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 previously had repairs for this condition, you will still need to take your vehicle to your dealer for additional repairs. If you have already 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 February 28, 2021, 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	1-800-630-2438	1-800-833-2438
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 20V025.

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

Maryann Combs  
Vice President  
Global Vehicle Safety

Enclosure  
GM Recall N202292780

***(reimbursement form below)***

## 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 Number (include Area Code): \_\_\_\_\_

Evening Telephone Number (include Area Code): \_\_\_\_\_

Date Request Form and Supporting Documentation Submitted to Dealer: \_\_\_\_\_

Vehicle Identification Number of Involved Vehicle: \_\_\_\_\_  
(17 Characters)

Mileage at Time of Repair: \_\_\_\_\_ Date of Repair: \_\_\_\_\_

Amount of Reimbursement Requested: \$ \_\_\_\_\_

**THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST 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.
- 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.

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.

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 Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Request Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Reason: \_\_\_\_\_

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