



Chevrolet  
P.O. Box 909989  
Milwaukee, WI 53209-9989

September 2014

14329 [VIN info removed]

State Of Alaska  
2200 E. 42nd Ave.  
Anchorage, AK 99508-5202



Dear State Of Alaska:

As the owner of a [XXXX] model year Chevrolet Traverse, your satisfaction with our product is very important to us.

This letter is intended to make you aware that some [XXXX] model year Chevrolet Traverse vehicles may develop a power steering pump wear condition that can cause an intermittent drop of power steering hydraulic pressure that will cause reduced or loss of steering assist. The vehicle may revert to manual steering which requires greater driver effort, particularly at low vehicle speeds.

**Do not take your vehicle to your Chevrolet dealer as a result of this letter unless you believe that your vehicle has the condition as described above.**

**What We Have Done:** General Motors is providing owners with additional protection for the condition described above. If this condition occurs on your [XXXX] Chevrolet Traverse within 10 years of the date your vehicle was originally placed in service or 150,000 miles, whichever occurs first, the condition will be repaired for you at no charge. Diagnosis or repair for conditions other than the condition described above is not covered under this special coverage program.

**What You Should Do:** If you believe that your vehicle has the condition described above, repairs and adjustments qualifying under this special coverage must be performed by a Chevrolet dealer. You may want to contact your Chevrolet dealer to find out how long they will need to have your vehicle so that you may schedule the appointment at a time that is convenient for you. This will also allow your dealer to order parts if they are not already in stock. Keep this letter with your other important glove box literature for future reference.

**Reimbursement:** If you have paid for repairs for the condition described in this letter, 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 September 30, 2015, unless state law specifies a longer reimbursement period.



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If you have any questions or concerns that your dealer is unable to resolve, please contact the Chevrolet Customer Assistance Center at 1.800.222.1020 (TTY 1.800.833.2438).

We are sorry for any inconvenience you may experience; however, we have taken this action in the interest of your continued satisfaction with our products.

A handwritten signature in black ink, reading "Alicia Boler-Davis". The signature is written in a cursive, flowing style.

Alicia Boler-Davis  
Sr. Vice President—Global Quality & Customer Experience

Enclosure  
14329

## 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.  
(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 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