IMPORTANT SAFETY RECALL

June 2014

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

Note: Vehicle-specific information such as model year and VIN have been removed by DOT SEF to create a generic letter. - SD

Dear State Of Alaska:

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

Previously, you were notified that your xxxx *model year Chevrolet Traverse was involved in safety recall 14030. 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 in your 2011 model year Chevrolet Traverse. 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

- This notice applies to your xxxx model year Chevrolet Traverse, **VIN** VIN # removed
- Your vehicle is involved in GM safety recall 14030.
- Schedule an appointment with your Chevrolet dealer.
- This service will be performed for you at **no charge**.

Why is your vehicle being recalled?

Corrosion and/or loose crimps in the driver and passenger seat mounted side impact airbag (SIAB) wiring harness connectors can cause an increase in resistance that may disable the SIAB, front center airbag, if equipped, and seat belt pretensioners. In the event of a crash, the SIAB, front center airbag, if equipped, and/or seat belt pretensioners may not deploy increasing the risk of injury to the driver or front passenger.

What will we do?

Your Chevrolet dealer will remove the driver and passenger SIAB wiring harness connectors and splice and solder the wires together. 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 service correction time of approximately 1 hour and 50 minutes.

What should you do?

You should contact your Chevrolet dealer to arrange a service appointment.

GM

Did you already pay for this repair?	Even though you may have already had this condition corrected, 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 June 30, 2015, 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 Chevrolet Customer Assistance Center at 1.800.222.1020 (TTY 1.800.833.2438).

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 14V118.

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

Jim Moloney
General Director – Customer & Relationship Services

Enclosure
GM Recall #14030

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

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