



Chevrolet
P.O. Box 809989
Milwaukee, WI 53209-9989

IMPORTANT SAFETY RECALL

September 2014

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



Note: Vehicle-specific info such as VIN and model year have been removed by DOT SEF in order to create a "generic" letter. The vehicle-specific info is contained within the body of the email message sent to the agency contact by SEF. - 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 GM recall 14187. 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 certain 2011-2014 model year Buick Enclave, Chevrolet Traverse and GMC Acadia 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

- This notice applies to your 2013 model year Chevrolet Traverse, VIN **VIN info removed**
- Your vehicle is involved in GM safety recall 14187.
- Schedule an appointment with your Chevrolet dealer.
- This service will be performed for you at no charge.

Why is your vehicle being recalled?

The flexible steel cable that connects the safety belt to the vehicle at the outside of the front outboard seating positions can fatigue and separate over time as a result of occupant movement into the seat. In a crash, a separated cable could increase the risk of injury to the occupant.

What will we do?

Depending on the make and model of your vehicle, your GM dealer will inspect and, if necessary, either repair or replace your vehicle's lap pretensioner (without a sleeve). 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 54 minutes.

What should you do?

You should contact your Chevrolet 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 September 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 14V266.

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



Jeff Boyer
Vice President - Global Vehicle Safety

Enclosure
GM Recall Number: 14187

General Motors Product Field Action
Customer Reimbursement Request Form

14187

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