

# Customer Reimbursement Claim Form

This section to be completed by Claimant

Date Claim Submitted: \_\_\_\_\_

17-Character Vehicle Identification Number (VIN): \_\_\_\_\_

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

Claimant Name (please print): \_\_\_\_\_

Street Address or PO Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM 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.
- What problem occurred, what repair was done, when it was done and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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 recall.

Claimant's Signature: \_\_\_\_\_

Please mail this claim form and the required documents to:

**Reimbursement Department**

**PO Box 33170**

**Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:

**1-800-204-0261**

