

GENERAL MOTORS CORPORATION

TRANSPORTATION CLAIM LETTER OF NOTIFICATION

DEALER CODE	DELIVERY AT DEALERSHIP	CARRIER CODE	VEHICLE IDENTIFICATION NUMBER	DELIVERY RECEIPT NO.

Reason for Letter of Notification

Connected Damage
 Other (specify) _____

 Dealer Inspection _____
 Insufficient or No copies of Deliver Receipt _____

Delivery Conditions:

The Delivery Receipt was signed without exception?

Yes
 No

Vehicle Delivered Subject to Inspection

Yes
 No

Carrier Name _____ Dealer Name _____
 Address _____ Address _____
 City/State/ZIP _____ City/State/ZIP _____
 Phone Number _____ Phone Number _____

DAMAGE EXCEPTION CODES

<input type="checkbox"/> AREA	<input type="checkbox"/> TYPE	<input type="checkbox"/> SEVERITY	<input type="checkbox"/> AREA	<input type="checkbox"/> TYPE	<input type="checkbox"/> SEVERITY	<input type="checkbox"/> AREA	<input type="checkbox"/> TYPE	<input type="checkbox"/> SEVERITY	<input type="checkbox"/> AREA	<input type="checkbox"/> TYPE	<input type="checkbox"/> SEVERITY
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REMARKS

DEALER REPRESENTATIVE IS TO ENSURE THAT ALL DAMAGES ARE NOTED CORRECTLY.
 LETTER OF NOTIFICATION IS TO BE FAXED OR MAILED EXPRESS DELIVERY WITH
 RETURN RECEIPT REQUESTED WITHIN 72 HOURS OF DELIVERY OF VEHICLE.

Dealer Signature _____ Delivery Date _____ Carrier Signature _____ Delivery Date _____

LETTER OF NOTIFICATION