

Kia Motors America, Inc. Corporate Headquarters

111 Peters Canyon Road, Irvine, CA 92606-1790 USA

SAFETY RECALL NOTICE

XX, 2013

Dear Kia XX Owner:

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act. Kia Motors has decided that a defect relating to motor vehicle safety exists in certain Kia vehicles. Our records indicate that you own or lease one of the potentially affected vehicles.

What Is The Problem?

Carbonization of the point of contact for the stop lamp switch in your vehicle can intermittently interfere with electric current through the switch circuit. As a result, one of the switch functions can affect your vehicle's brake lights and they may not come on when the brake pedal is depressed or may remain illuminated when the pedal is released. The malfunction of the stop lamp switch may put you at risk of a crash.

The braking function of your vehicle's Brake and Anti-Lock Brake Systems are not impaired by this issue.

What Will Kia Do?

Kia has advised authorized Kia dealers to replace the stop lamp switch at no cost to you.

What Should You Do?

- Please immediately contact your Kia dealer to arrange for the repair to be conducted as soon as
 possible. If your brake lights are not working properly, you may request that your vehicle be towed
 to the nearest Kia dealer at no cost to you by phoning Kia Roadside Assistance at (800)-333-4KIA
 (4542).
- The estimated time which will be required to repair your vehicle is approximately one (1) hour, depending upon your dealer's work schedule.

What If You Have Already Paid To Have This Situation Corrected?

If you have incurred expense to remedy this issue prior to the date of this notice, you may have the opportunity to obtain reimbursement for that expense. Please mail your documentation with the completed Request for Reimbursement Form at the bottom of this letter directly to Kia for review and consideration at the following address:

Consumer Assistance Center Kia Motors America, Inc. P.O. Box 52410 Irvine, CA 92619-2410 1-855-407-5381 Pursuant to the General Reimbursement Plan issued by Kia pursuant to Federal Regulation 49 CFR 573.13, Kia will use its best efforts to respond to your claim within sixty (60) days of receipt and at that time Kia may either accept or reject that claim or it may request more information to evaluate the claim.

Have You Changed Your Address Or Sold Your Kia?

If you have changed your home address, sold your Kia vehicle, or no longer own your vehicle, please complete the attached prepaid "Change of Address/Ownership" card and mail it to us.

What If You Are A Vehicle Lessor?

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

What If You Have Other Questions?

If your dealer does not respond to your service request in a timely manner, we suggest that you call Kia's Consumer Assistance Center at 1-(800)-333-4KIA (4542). This number has TTY capability. If you still are not satisfied that we have remedied this situation without charge and within a reasonable amount of time, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, S.E., 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.

This action has been taken in the interest of your safety, and we regret any inconvenience this situation may cause you.

Sincerely,

Consumer Affairs Department

REQUEST FOR REIMBURSEMENT FORM [SC098] STOP LAMP SWITCH REPLACEMENT VOLUNTARY SAFETY RECALL CAMPAIGN

If you have paid to have the stop lamp switch affecting your vehicle's brake lights replaced, you may be eligible for reimbursement for some or all of that expense. <u>Mail this completed Request for Reimbursement Form to Kia, along with documentation specified below, for review and consideration</u> at the following address:

Consumer Assistance Center Kia Motors America, Inc. P.O. Box 52410 Irvine, CA 92619-2410 1-855-407-5381

Please allow sixty (60) days for review and response.

Customer Name:	
Customer Address:	
Customer City, State, Zip Code:	
Daytime Phone:	Evening Phone:
	(17 digits)
Mileage at Time of Repair:	Date of Repair:
Amount of Reimbursement Requested: \$	
 Date of repair and mileage on the vehing. Total cost of repair expense being claimed and the cost of Payment of Repair showing: Date of payment Amount paid (e.g., copies of cancelled) 	of vehicle repaired I (e.g., replacement of the stop lamp switch) and the repairs made icle at the time of repair imed d check or credit card receipt) Request for Reimbursement are true and accurate and should be used as the
Signature	
Print Name:	