

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. Mail this completed Request for Reimbursement Form to Kia, along with documentation specified below, 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

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

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Customer City, State, Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_ (17 digits)

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

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

Attach the following:

Repair Order showing:

- Name & address of person paying for the repair
- Vehicle Identification Number (VIN) of vehicle repaired
- **Description of the problem repaired (e.g., replacement of the stop lamp switch) and the repairs made**
- Date of repair and mileage on the vehicle at the time of repair
- Total cost of repair expense being claimed

Evidence of Payment of Repair showing:

- Date of payment
- Amount paid (e.g., copies of cancelled check or credit card receipt)

I certify that the documents attached to this Request for Reimbursement are true and accurate and should be used as the basis for a reimbursement to me under this Safety Recall Campaign.

CLAIMANT'S SIGNATURE:

\_\_\_\_\_  
*Signature*

Print Name: \_\_\_\_\_