

#### Kia Motors America, Inc.

Corporate Headquarters

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

## IMPORTANT SAFETY RECALL

This notice applies to your vehicle: (Insert VIN) (NHTSA Recall Number: 15V-360)

July 9, 2015

Dear Kia Sportage Owner:

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act. Kia Motors has decided that a defect which relates to motor vehicle safety exists in certain 2011 MY Kia Sportage vehicles. Our records indicate that you own or lease one of the potentially affected vehicles.

### What Is The Problem?

The stop lamp switch may experience interruption in the electrical current flow through the switch contacts. This condition could potentially result in intermittent operation of the cruise control feature, the intermittent illumination of the ESC indicator lamp or interfere with brake light illumination. The malfunction of the stop lamp switch increases the 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 its authorized dealers to replace the stop lamp switch at no cost to you. The estimated time which will be required to repair your vehicle is approximately one (1) hour, depending upon your dealer's work schedule.

#### 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)

#### 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

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.

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 1-800-333-4542. 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 <a href="http://www.safercar.gov">http://www.safercar.gov</a>.

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

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 at the following address:</u>

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

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

Customer Name:		
Customer Address:		
Customer City, State, Zip Code:		
Daytime Phone: Evening P	hone:	
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 re  • Description of the problem repaired (e.g., repla  • Date of repair and mileage on the vehicle at the tin  • Total cost of repair expense being claimed	cement of the stop lamp switch) and the repairs made	
<ul> <li>Evidence of Payment of Repair showing:</li> <li>Date of payment</li> <li>Amount paid (e.g., copies of cancelled check or cr</li> </ul>	edit card receipt)	
I certify that the documents attached to this Request for I basis for a reimbursement to me under this Safety Recall C	Reimbursement are true and accurate and should be used as the Campaign.	
CLAIMANT'S SIGNATURE:		
Signature		
Print Name:		