

**SC194 – 2020 MY KIA TELLURIDE TRAILER BRAKE LIGHTS
SAFETY RECALL CAMPAIGN**

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. You may **submit your receipts online to Kia via the Owners section of www.kia.com (MyKia>Contact Us or directly at this link: <https://ksupport.kiausa.com/ConsumerAffairs>)**.

If you do not have access to a computer or prefer to submit your request by mail, please complete this Request for Reimbursement and mail it to the following address for review and consideration, along with backup documentation:

Consumer Assistance Center
Kia Motors America, Inc.
P. O. Box 52410
Irvine, CA 92619-2410
1-800-333-4542

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

Customer First Name:	<input type="text"/>	Customer Last Name:	<input type="text"/>
Customer Address:	<input type="text"/>		
Customer City:	<input type="text"/>	State:	<input type="text"/>
		ZIP:	<input type="text"/>
Phone #:	<input type="text"/>	Email:	<input type="text"/>
Vehicle Identification Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mileage at Time of Repair:	<input type="text"/>	Date of Repair:	<input type="text"/>
Amount of Reimbursement Requested:	<input type="text"/>		

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**
 - Date of repair, mileage at the time of repair and total cost of claimed repair expense
- **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 campaign.

CLAIMANT'S SIGNATURE:

Signature

Print Name