REQUEST FOR REIMBURSEMENT FORM - SAFETY RECALL CAMPAIGN

SC200 - ENGINE COMPARTMENT FIRE

If you have incurred expense due to a <u>fuel leak, oil leak, and/or engine damage repairs</u> prior to the date of this notice, you may have the opportunity to obtain reimbursement for that expense. You may <u>submit your</u> <u>receipts online to Kia via the Owners section of www.kia.com</u> (MyKia>Contact Us or directly at this link: <u>https://ksupport.kiausa.com/ConsumerAffairs</u>).

<u>If you do not have access to a computer or prefer to submit your request by mail</u>, 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:							Custo	mer L	ast Na	ame:							
Customer Address:																	
Customer City:							State:			Z	IP:						
Phone #:	()		-			Email:										
Vehicle Identification Number:																	
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 MUST BE FUEL LEAK, OIL LEAK OR ENGINE REPAIR (no other repairs are eligible to be considered for reimbursement)
 - 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