



Kia America, Inc.
Corporate Headquarters
111 Peters Canyon Road, Irvine, CA 92606-1790 USA

IMPORTANT SAFETY RECALL

(NHTSA Recall Number: 23V149)

This notice applies to your vehicle: **(Insert VIN)**

April 7, 2023

Dear Kia K5 Vehicle Owner:

Kia has identified a defect in your vehicle which relates to motor vehicle safety.

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act. Kia America, Inc. has decided that a defect which relates to motor vehicle safety exists in certain 2021-2023 MY K5 vehicles. The defect can impair the side curtain airbag function and may cause improper deployment of the side curtain airbag(s), thereby increasing the risk of injury in a crash where deployment is warranted. Our records indicate that you own or lease one of the potentially affected vehicles.

What Is The Problem?

The side curtain airbag(s) in your vehicle may have been installed improperly during vehicle production. As a result, the side curtain airbag(s) may not deploy properly in a crash sufficient to warrant such a deployment. An improper deployment of the side curtain airbag(s) increases the risk of injury in a crash.

Kia Will Inspect and, If Necessary, Reinstall the Side Curtain Airbag(s) Correctly Free of Charge At No Cost To You.

Kia dealers will inspect the installed condition of the side curtain airbags and, if necessary, reinstall the side curtain airbag(s) correctly. This recall will be performed **free of charge at no cost to you**. The estimated time required to perform the recall will be approximately one (1) to two (2) hours. We recommend scheduling a service appointment to minimize your inconvenience.

What Should You Do?

- In the interest of the safety of your passengers, as well as your own safety, please immediately contact your authorized Kia dealer to arrange for the recall repair to be performed on your vehicle.
- To find your nearest dealer, visit www.kia.com and click the "Find Dealer" button in the upper right corner ("Dealers" on a mobile device). You can also use the QR code below with your mobile device to access this information (*see the bottom of this letter for more information about QR code use*):



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. You may submit your receipts online to Kia via the Owners section of www.kia.com or mail your receipts with a copy of the attached Request for Reimbursement form directly to Kia for review and consideration:

Kia Customer Care Center
Kia America, Inc.
P.O. Box 52410
Irvine, CA 92619-2410
1-800-333-4542

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. You can also contact the Kia Customer Care Center phone number listed above.

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 Customer Care 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 <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,

Customer Care Department

QR Code Use:

- A QR Code is a square, 2-dimensional barcode that can be read by mobile devices loaded with an appropriate barcode or QR Code Reader App. The app reads the barcode image and then launches/uploads the specific information the code contains, such as URLs, text, photos, videos.
- With a mobile device, **download a QR Code Reader App.** With many devices, you can do this through an app store or marketplace.
- **Open the QR Code Reader App on your mobile device.** The app will utilize your device's camera. Center the code in the camera viewing area. With some apps, the URL or other information will automatically load when the code is recognized. For others, you may have to snap or take a picture of the QR code. Refer to the QR Reader Code App instructions.

**REQUEST FOR REIMBURSEMENT FORM
2021-2023 MY K5 VEHICLES - SIDE CURTAIN AIRBAG
SAFETY RECALL CAMPAIGN (SC263)**

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:

Kia Customer Care Center
Kia 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 style="width:100%;" type="text"/>																			
Customer City:	<input type="text"/>	State:	<input type="text"/>																	
		Zip:	<input type="text"/>																	
Phone #:	<input style="width:25%; text-align:center;" type="text"/> () -	Email:	<input type="text"/>																	
Vehicle Identification Number:	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td><td style="width:3%;"><input type="text"/></td></tr></table>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mileage at Time of Repair:	<input type="text"/>	Date of Repair:	<input style="text-align:center;" type="text"/> / /																	
Amount of Reimbursement Requested	\$ <input style="width:200px;" 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