



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

## IMPORTANT SAFETY RECALL

NHTSA Recall Number: 24V920

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

### RENOTIFICATION

SEPTEMBER 11, 2025

THIS IS A RENOTIFICATION OF AN EARLIER COMMUNICATION ISSUED ON JANUARY 10, 2025, WHICH NOTIFIED OWNERS OF THE AFFECTED 2025 MY KIA SORENTO PLUG-IN HYBRID VEHICLES OF A SAFETY RECALL. OUR RECORDS INDICATE THAT YOU ARE THE CURRENT REGISTERED OWNER OF THIS VEHICLE AND THAT THIS RECALL HAS NOT BEEN COMPLETED.

KIA IS REQUESTING THAT YOU CONTACT AN AUTHORIZED KIA DEALERSHIP IMMEDIATELY TO SCHEDULE AN APPOINTMENT TO INSTALL AN ADDITIONAL PROTECTIVE COVERING AROUND THE FUEL LINE IN YOUR VEHICLE AT NO COST TO YOU.

IF YOU HAVE ALREADY TAKEN YOUR VEHICLE TO A KIA DEALER AND HAD THIS SERVICE CAMPAIGN PERFORMED, PLEASE DISREGARD THIS NOTICE.

## IMPORTANT SAFETY RECALL

NHTSA Recall Number: 24V920

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

January 10, 2025

Dear Kia Sorento Plug-in Hybrid 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 National Traffic and Motor Vehicle Safety Act. Kia America, Inc. has decided that a defect which relates to motor vehicle safety exists in certain 2025 MY Sorento Plug-in Hybrid (PHEV) vehicles equipped with rack-mounted motor-driven power steering (R-MDPS). The defect can result in a fuel leak. Our records indicate that you own or lease one of the affected vehicles.

#### What Is The Problem?

During a crash, the steering rack may contact and damage the fuel line, which can result in a fuel leak. A fuel leak in the presence of an ignition source may increase the risk of a fire.

**Kia Will Install An Additional Protective Covering Around The Fuel Line Free of Charge At No Cost To You.**

Kia dealers will install an additional protective covering around the fuel line. This recall will be performed **free of charge at no cost to you.** The time required to perform this recall will be approximately one (1) hour. However, your vehicle may be needed longer depending on the result of the inspection. 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, contact your authorized Kia dealer to arrange for the recall to be performed on your vehicle.

- To find your nearest dealer, visit [www.kia.com](http://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 <http://customercare.kiausa.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  
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 below.

### 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 your dealer fails or is unable to remedy this defect 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: 1-888-275-9171); 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**  
**2025 MY SORENTO PHEV VEHICLES EQUIPPED WITH R-MDPS - FUEL LINE**  
**SAFETY RECALL CAMPAIGN (SC328)**

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 Campaign Customer Reimbursement section found at this link: <http://customercare.kiausa.com>.

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 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:	<table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr></table>																					
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:

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Signature ----- Print Name