REQUEST FOR REIMBURSEMENT FORM 2014 MY Kia Soul Headlamp Multi-function Switch Kia New Vehicle Limited Warranty Extension

If you have paid to have your headlamp multi-function switch repaired/replaced due to the headlamps flickering, 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 to the following address:</u>

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 Name: Customer Address:		
Daytime Phone:	Evening Phone:	
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 Vehicle Identification Number (VIN) Description of the problem repaire function switch) Date of repair and mileage on the vehical cost of repair expense being clair Evidence of Payment of Repair showing: Date of payment Amount paid (e.g., copies of cancelle	of vehicle repaired ed and the repairs made (e.g., replaced headlamp multi- icle at the time of repair imed	
I certify that the documents attached to this R be used as the basis for a reimbursement to me	dequest for Reimbursement are true and accurate and should be under this warranty extension.	
CLAIMANT'S SIGNATURE:		
Signature		
Print Name:		

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