

REQUEST FOR REIMBURSEMENT FORM  
*2014 MY Cadenza Vehicles*  
*Motor Driven Power Steering (MDPS) Flexible Coupling*  
*Warranty Extension Program (WTY013)*

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](http://www.kia.com) or mail your receipts with a cover letter directly to Kia for review and consideration:

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

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

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Customer City, State, Zip Code: \_\_\_\_\_

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 the repair
- Vehicle Identification Number (VIN) of vehicle repaired
- **Description of the problem repaired (e.g., replacement of the flexible coupling in the MDPS)**
- Date of repair and mileage on the vehicle at the time of repair
- Total cost of repair expense being claimed

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 Customer Satisfaction Program/Warranty Extension.

CLAIMANT'S SIGNATURE:

\_\_\_\_\_  
*Signature*

Print Name: \_\_\_\_\_