

**REQUEST FOR REIMBURSEMENT FORM**  
**2014-2015 MY Kia Forte/Forte Koup – Driver’s Front Airbag Clock Spring Assembly**

**New Vehicle Limited Warranty Extension (WTY017)**

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) (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:

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:	<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"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><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 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:

\_\_\_\_\_  
Signature

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