**REQUEST FOR REIMBURSEMENT FORM**
**WTY031 - 2016-2018 MY KIA SORENTO VEHICLES MULTI-FUNCTION SWITCH**
**NEW VEHICLE LIMITED WARRANTY EXTENSION**

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: | | Customer Last Name: | |
| Customer Address: | | | |
| Customer City: | | State: | Zip: |
| Phone #: | ( ) - | Email: | |
| Vehicle Identification Number: | | | |
| 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**
    - 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