REQUEST FOR REIMBURSEMENT FORM
2020-2024 MY TELLURIDE VEHICLES - SELF-LEVELING REAR SHOCK ABSORBER
NEW VEHICLE LIMITED WARRANTY EXTENSION (WTY040)

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 (Owners>Contact Us or directly 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: _____ 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