REQUEST FOR REIMBURSEMENT FORM – SAFETY RECALL CAMPAIGN

*SC186 – 2006-2010 MY SEDONA HYDRAULIC ELECTRONIC CONTROL UNIT (HECU)*

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:

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: 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 safety recall campaign.

CLAIMANT'S SIGNATURE:

_____ _____

Signature Print Name