

REQUEST FOR REIMBURSEMENT FORM – SAFETY RECALL CAMPAIGN
**SC192 – 2020 MY SEDONA ALTERNATOR B+ TERMINAL NUT
SAFETY RECALL CAMPAIGN**

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: | <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"/>) <input type="text"/> - <input type="text"/> | Email: | <input type="text"/> |
| Vehicle Identification Number: | <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"/> <input type="text"/> | | |
| Mileage at Time of Repair: | <input type="text"/> | Date of Repair: | <input type="text"/> / <input type="text"/> / <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