

IMPORTANT SAFETY RECALL

(NHTSA Recall Number: 22V093) This notice applies to your vehicle: (Insert VIN)

FOLLOW-UP NOTICE

August 2, 2022

THE REMEDY PART FOR YOUR VEHICLE IS NOW AVAILABLE

Dear Kia Optima Owner:

Kia has identified a defect in your vehicle which relates to motor vehicle safety.

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act. Kia America, Inc. has decided that a defect which relates to motor vehicle safety exists in certain 2013-2014 MY Optima vehicles. The defect can result in a fire in your vehicle's engine compartment, thus increasing the risk of injury. Our records indicate that you own or lease one of the potentially affected vehicles. The remedy part is now available to be installed in your vehicle.

What Is The Problem?

The remedy for previous recall 20V100 involving the low-pressure fuel tube may not have been properly performed in all cases by dealers. Following inspection, the low-pressure fuel tube may not have been properly repaired with heat protective tape after the inspection revealed no damage or leak. In some other cases, the low-pressure fuel tube was repaired with heat protective tape instead of being replaced even though damage to the low-pressure fuel tube may have been present. Should either condition exist, a subsequent fuel leak can occur. Leaking fuel increases the risk of a fire.

Kia Will Replace the Low-Pressure Fuel Tube At No Cost To You.

Your authorized Kia dealer will replace the low-pressure fuel tube with a new improved one. This recall will be performed **at no cost to you.** The estimated time required to perform the recall will be approximately two (2) to three (3) hours.

What Should You Do?

- WARNING: If fuel smell and/or leakage is detected, immediately TURN OFF your engine, and do not drive your <u>vehicle.</u> Instead, please contact Kia Roadside Assistance at 1-800-333-4542 or online at <u>kia.rsahelp.com</u> to request to have your vehicle towed to the nearest authorized Kia dealership as soon as possible.
- To find your nearest dealer, visit <u>www.kia.com</u> and click the "Find Dealer" button in the upper right corner ("Dealers" on a mobile device). You can also use the QR code below with your mobile device to access this information *(see the bottom of this letter for more information about QR code use)*:



What If You Have Already Paid To Have This Situation Corrected?

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 <u>www.kia.com</u> or mail your receipts with a copy of the attached Request for Reimbursement form directly to Kia for review and consideration:

Consumer Assistance Center Kia America, Inc. P.O. Box 52410 Irvine, CA 92619-2410 1-800-333-4542

Pursuant to the General Reimbursement Plan issued by Kia pursuant to Federal Regulation 49 CFR 573.13, Kia will use its best efforts to respond to your claim within sixty (60) days of receipt and at that time Kia may either accept or reject that claim or it may request more information to evaluate the claim.

Have You Changed Your Address Or Sold Your Kia?

If you have changed your home address, sold your Kia vehicle, or no longer own your vehicle, please complete the attached prepaid "Change of Address/Ownership" card and mail it to us. You can also contact the Consumer Assistance Center phone number listed above.

What If You Are A Vehicle Lessor?

Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

What If You Have Other Questions?

If your dealer does not respond to your service request in a timely manner, we suggest that you call Kia's Consumer Assistance Center at 1-800-333-4542. This number has TTY capability. If you still are not satisfied that we have remedied this situation without charge and within a reasonable amount of time, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, S.E., Washington, DC 20590; or call the toll free Vehicle Safety Hotline at 1-888-327-4236 (TTY: 1-800-424-9153); or go to http://www.safercar.gov.

This action has been taken in the interest of your safety, and we regret any inconvenience this situation may cause you.

Sincerely,

Consumer Affairs Department

QR Code Use:

- A QR Code is a square, 2-dimensional barcode that can be read by mobile devices loaded with an appropriate barcode or **QR Code Reader App**. The app reads the barcode image and then launches/uploads the specific information the code contains, such as URLs, text, photos, videos.
- With a mobile device, download a QR Code Reader App. With many devices, you can do this through an app store or marketplace.
- Open the QR Code Reader App on your mobile device. The app will utilize your device's camera. Center the code in the camera viewing area. With some apps, the URL or other information will automatically load when the code is recognized. For others, you may have to snap or take a picture of the QR code. Refer to the QR Reader Code App instructions.

REQUEST FOR REIMBURSEMENT FORM SC228 - 2013-2014 MY OPTIMA VEHICLES LOW-PRESSURE FUEL TUBE 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 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:				Custom	er 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: