



Kia America, Inc.  
Corporate Headquarters  
111 Peters Canyon Road, Irvine, CA 92606-1790 USA

## IMPORTANT SAFETY RECALL

(NHTSA Recall Number: 22V304)

This notice applies to your vehicle: (Insert VIN)

May 27, 2022

Dear Kia Forte Vehicle 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 2021-2022 MY Forte vehicles. The defect can result in a loss of steering control, thereby increasing the risk of a crash. Our records indicate that you own or lease one of the potentially affected vehicles.

### What Is The Problem?

The lower steering column u-joint bolt in your vehicle did not receive proper tightening torque during vehicle assembly. An improperly tightened lower steering column u-joint bolt may loosen over time and can cause a detachment of the steering column from the steering rack, resulting in a loss of steering control. A loss of steering control increases the risk of a crash.

### Kia Will Tighten The Lower Steering Column U-Joint Bolt At No Cost To You.

Your authorized Kia dealer will tighten the lower steering column u-joint bolt to the correct specification in your vehicle. This recall will be performed **at no cost to you**. The estimated time required to perform the recall will be approximately one (1) hour depending on your dealer's schedule.

### What Should You Do?

- In the interest of the safety of your passengers, as well as your own safety, please immediately contact your authorized Kia dealer to arrange for the recall repair to be performed on your vehicle.
- WARNING:** Due to this condition, you may notice squeaking and/or rattling noise from the steering column. If this should occur, please contact your authorized Kia dealer to arrange a service appointment as soon as possible. Kia Roadside Assistance is available online at [kia.rsahelp.com](http://kia.rsahelp.com) or by phone at 800.333.4Kia(4542) to provide towing assistance.
- To find your nearest dealer, visit [www.kia.com](http://www.kia.com) 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 [www.kia.com](http://www.kia.com) 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**  
**SC235 - 2021-2022 MY FORTE VEHICLES - LOWER STEERING COLUMN U-JOINT BOLT**  
**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](http://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:	<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" value="( ) -"/>	Email:	<input type="text"/>																		
Vehicle Identification Number:	<table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>																				
Mileage at Time of Repair:	<input type="text"/>	Date of Repair:	<input type="text" value="/ /"/>																		
Amount of Reimbursement Requested	<input type="text" value="\$"/>																				

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