

REQUEST FOR REIMBURSEMENT FORM
2012-2013 MY OPTIMA BRAKE STOPPER PAD
Kia New Vehicle Limited Warranty Extension

If you have paid to have your brake stopper pad repaired/replaced due to the stop lamps remaining illuminated after the brake pedal has been released you may be eligible for reimbursement for some or all of that expense. Mail this completed Request for Reimbursement Form to Kia, along with documentation specified below, for review and consideration to the following address:

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 Name: _____

Customer Address: _____

Customer City, State, Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Vehicle Identification Number: _____ (17 digits)

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 and the repairs made (e.g., replaced brake stopper pad)**
 - Date of repair and mileage on the vehicle at the time of repair
 - Total cost of repair expense being claimed
- 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 warranty extension.

CLAIMANT'S SIGNATURE:

Signature

Print Name: _____