

REQUEST FOR REIMBURSEMENT FORM
2011-2013 MY Optima and Optima HEV Headlamp Assembly

New Vehicle Extended Warranty Program – WTY014

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, along with this Request for Reimbursement form online to Kia via the Owners section (Contact Kia) of www.kia.com.

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 directly to Kia for review and consideration, along with backup documentation, at 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:

- o **Repair Order showing:**
 - Name & address of person paying for the repair
 - o Vehicle Identification Number (VIN) of vehicle repaired
 - o **Description of the problem repaired**
 - Date of repair and mileage on the vehicle at the time of repair
 - Total cost of repair expense being claimed
- o **Evidence of Payment of Repair showing:**
 - o Date of Payment
 - o 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

WTY014