KIA MOTORS

CUSTOMER CLAIM FORM - KIA ROADSIDE ASSISTANCE

Important:
- Please refer to your Warranty and Consumer Information Manual for details of Kia's Roadside Assistance coverage.
- Submit all claims, fully documented, within 30 days of disablement.
- Please retain a copy of all receipts and send original documentation.
- Additional copies of this form are available from your KIA dealer or at www.kia.ca

1. Owner Information

First Name | Last Name

Street | Apt. No. | City

Prov. | Postal Code | Residence Phone | Business Phone

2. Information Concerning Your Vehicle

Vehicle Identification Number

3. Make Cheque Payable To: (if different than owner)

Name | Street

City | Prov. | Postal Code | Residence Phone

4. Complete when claiming for Towing or Roadside Service Reimbursement (Maximum $100)

ROADSIDE SERVICE ESTABLISHMENT

Name | Street

City | Prov. | Postal Code | Business Phone

Amount Paid:

$ _____ **Road Service** $ _____ **Towing**

PLEASE INCLUDE paid receipts validated by the roadside service establishment and which clearly detail the nature of the service provided.

5. Emergency Travel Expense Reimbursement (Maximum $300)

YOU MUST INCLUDE THE FOLLOWING DOCUMENTS:
- Paid receipts for reasonable covered expenses incurred within 3 days of disablement.
- For disablement due to failure of components covered by your warranty coverage, a copy of the repair or work order.

Details of Your Vehicle Disablement

Location: _____

Date: _____

Cause: ❑ Accident

❑ Other (please specify)

_____

Details of Reimbursrment Request:

Meals: $ _____

Accommodation: _____

Rental: _____

Transportation: _____

Other: _____

6. 'I have completed this form and certify that the information provided is complete and accurate.'

_____ _____

Signature of Owner | Date

7. Sign and mail this complete form with receipts to: KIA Roadside Assistance, P.O. Box 190 Richmond Hill, Ontario L4B 4R5

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