



# OEM Installed Warranty Claim Form

One claim/work order per claim form

Work Order#  Haldex RGA#

### Fleet Information:

Fleet:  Phone:  Date:   
Address:  City:  State:  Zip:   
Fleet Account Number:  Contact:

### Vehicle Information:

Make/Model:  VIN:  Mileage:   
In Service Date:  Date Repaired:  Date of Failure:

### Optional Information:

Tire Size:  Suspension Type:  Speed:  Road Surface:   
Maneuver:  Weather:  Other:

### Detailed Description of Problem ( on ABS/TRS claims, RECORD Active and Stored Fault Codes):

### Measure and record push rod travel at 90 PSI for each ABA (automatic brake adjuster) before removal:

### Repairs Made:

### Parts Removed:

Part # Removed	Date Code	Part Description	ABS/ECU Configuration	Qty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ship warranty parts pre-paid to Haldex. Container must be clearly marked with the RGA number on the outside of the container

**All incomplete claims will be returned**

**All claims must be submitted within 30 days of repair date**  
**Call 1-877-442-5339 or email [haldexwarrantyusa@haldex.com](mailto:haldexwarrantyusa@haldex.com)**

Ship to: Haldex  
Warranty Department  
10930 N. Pomona Ave.  
Kansas City, MO 64153

L90331W US 8/10 WEB ONLY