

OEM Installed Warranty Claim Form - Canada

One Claim/Work Order per Claim Form



Work Order #		Haldex RGA #	
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OEM Information (REQUIRED)

Dist Name:		Phone:		Date:	
Address:		City:		Province:	
Postal Code:		Contact Name:			

Fleet Information

Fleet Name:		Phone:		Date:	
Address:		City:		Province:	
Postal Code:		Contact Name:			

Trailer Information (REQUIRED)

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

In case of warranty denial, please select the following action (CHECK ONE)

Option 1 Scrap Material

Option 2 Return Material (Freight Collect)

Carrier: _____ Act #: _____

Detailed Description of Fault (ABS claims: list all Active and Stored Fault Codes):

Repairs Made:

Parts Removed & Replacement Parts

Part # Removed	Part Description	Replacement Part #	Qty

Ship Warranty Parts to Haldex Ltd. Canada

Container must be clearly marked with the RGA number on the outside of the container and include a copy of this claim form with the parts.

Ship To:

Haldex Limited
500 Pinebush Road Unit 1
Cambridge, ON N1T-0A5

Incomplete claims can result in warranty delays, and may be returned unprocessed

All Claims must be submitted within 30 Days of Repair Date