

**16E045 Bendix® SR-5™ Trailer Spring Brake Valve
Recall Claim Form**



*Date: ____/____/____

For Distributor Use Only

*Distributor Name: _____ *Bendix Acct. No: _____

Claimant Name: _____

Address: _____

City/St(Pr)/Zip(PC): _____/_____/_____

*Phone: (_____) _____

Customer Name: _____ **Ref. No.:** _____

Address: _____

City/St(Pr)/Zip(PC): _____/_____/_____

Phone: (_____) _____

*VIN (17 digits): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

*Vehicle/Unit #: _____ Mileage (KM): _____

*Repair Date: ____/____/____ Invoice #: _____

For multiple vehicle claims, complete the Recall Claim Form spreadsheet on bendix.com. To access this document, click on the Services & Support Tab (top) then Product Action Center (left). The Warranty Claim Form and Spreadsheet can be found under the Bendix® SR-5™ Spring Brake Valve Action section.

Total Labor (Labor Rate \$ _____ x 0.7 Hours (42 minutes)): \$ _____

Other (explain below): \$ _____

***Total Repair Cost:** \$ _____

***Explanation for other costs (if needed):**

*** Required Fields**

Attach a legible copy of the repair invoice to all claim submissions.

Return completed forms to:

**Bendix Commercial Vehicle Systems LLC
901 Cleveland Street
Elyria, OH 44035**

Email: SR5campaign@bendix.com

Attn: Bendix SR-5 Valve Recall