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



Recall Claim Form	*Date:/
*Distributor Name:	*Bendix Acct. No:
Claimant Name:	
Address:	
	/
*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 neede	ed):
* 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

Attn: Bendix SR-5 Valve Recall

Email: SR5campaign@bendix.com