



FIELD CLAIM REPORT

Date: _____

Doc. NO: _____

by HDNABI

[Send to email](#)[Reset a Form](#)

Written by _____

CUSTOMER / DEALER INFORMATION

Customer / Owner	
Name	
Address	City: _____ State: _____ Zip: _____
Contact No.	
Fax No.	
E-mail	

Ship to Location	
Name	
Address	City: _____ State: _____ Zip/Mail Code: _____
Contact No.	
Fax No.	
E-mail	

Trailer / Suspension Information

OEM	
Model	
Model Year	
VIN (Last 8 No.)	
Odometer	
Vocation	
Trailer Type	

Delivery Date	
Build Date	
Susp. Model	
Capacity	
Susp. Supplier	
Axle Spacing	
HDNABI™ Axle Serial No.	

Is the Axle covered with an extended warranty - OEM or HDNABI™

Yes ☐No ☐XS5 ☐XS7 ☐Brake Model XS5 22XLT™ ☐ XS7 22XLT™ ☐

Problem Description (Attach available photos)

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Required Parts for Repair

Part Number	Quantity	Part Description

*** INTERNAL USE ONLY ***

Quality Director	Account Manager	CEO	Total Amount
			\$

Signature

Signature

Signature