

Pre-Notification Reimbursements

To: Dealer Principals
Service Managers
Warranty Managers

Region: U.S.
 CAN

Bulletin: RVXX2503
Date: April 28, 2025

From: Cody Hatfield, Senior Campaign Lead Service Market Engineering
Subject: Safety Recall RVXX2503 - Hazard Switch Backlighting Pre-Notification Reimbursements

Dealer Instructions for Customer Reimbursement for Out-of-Pocket Payments for Repairs Not in Warranty Before Recall

As stated to the owner in the owner notification for this recall:

If you have previously paid for repairs, as a result of this issue, you may be entitled to recovery of those expenses. Submit copies of all documentation supporting your claim according to the rules specified in the “General Plan for Reimbursement of Pre-notification Remedies” provided in this mailing.

Dealer’s Instructions:

If your customer previously paid for repairs, as a result of this issue, they may be entitled to recovery of those expenses. Submit copies of all documentation supporting their claim according to the rules specified in the “General Plan for Reimbursement of Pre-notification remedies” displayed on page 3 and attached as a .pdf on the following page. The form must be completed and signed by the customer.

General Guidelines:

The symptoms and repairs must be related to hazard switch backlighting non-compliance. If the customer’s repair documents have multiple repairs, only submit for the hazard switch backlighting issue. Only the backlighting repair will be eligible, other system parts are not eligible for reimbursement.

Claiming Instructions:

	UCHP Reimbursement
Claim Type (used only when uploading from the Dealer Business System)	40
Recall Status	
Vehicle repaired per instructions	49 - Software
Labor Code	
1720-16-09-01 Campaign General	0.0
Causal Part	85101289
Authorization Number (If blank contact campaign@volvo.com)	Blank

Claiming Instructions Continued:

Other Cost: Customer Request funds are all in Other Cost-one line/one total.

In addition, Dealer is entitled to claim outside handling fee according to Section 5.4 Handling Fees

All documents must be attached to the claim and legible.

This authorization will NOT appear in VDA+ or any other display tool/ unit. This along with the list of eligible units will be published in the respective Trucks Dealer Portal. This coverage is for reimbursement claims only, **not** repair claims.

When building your claim, select Campaign claim job.

Please use the current date and mileage to file the claim. The customer's claim form and repair invoices should capture the actual repair date.

In Select SCC code, this SCC will not appear as a choice. Type SCC code (example: M0318) in the empty box and click select and UCHP will allow you to continue the normal claim entry process. (See example below.)

Once the claim is credited, we suggest waiting until the next week's warranty credit run to reimburse the customer. Under no circumstances do we recommend issuing reimbursement until the dealer has the funds from Volvo. These claims are time critical and must be filed promptly to ensure compliance with the statutes that allow 60 days from beginning to end.

Example from UCHP

Enter SCC code (example M0318), then click Select.

SCC code	Description
S7594	MMD Air Suspension U-bolt Re-Torque

Browse SCC code window

Contact

If you have questions or concerns about this process, contact the Campaign Department at campaign@volvo.com

Sample claim form on next page

General Plan for Reimbursement of Pre-Notification Remedies

Volvo Trucks North America, LLC
Campaign Department
Mailstop UC1-23
8003 Piedmont Triad Parkway
Greensboro, NC 27409

General Plan for Reimbursement of Pre-Notification Remedies

When a Volvo vehicle is affected by a recall and the owner "claimant" had the problem corrected at their own expense prior to receiving notification of the recall, Volvo will approve reimbursement to the claimant for the reasonable amount paid for repairs (i.e. the cost of parts, labor, disposal fees and taxes) that addressed the issue or non-compliance as stated in the recall notification. The following information is required for your claim to be processed. Please print legibly.

Claim Date: _____ Recall#: _____

17-digit VIN: _____

Owner's Name: _____ Own or Lease (circle one)

Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Date of Repair: _____ Amount requested: _____

All claims MUST be accompanied by accurate and complete documentation The invoice / receipt must provide the VIN, date of repairs, total amount paid and include a breakdown of the parts, labor, and other costs. Costs associated with the recall repair should be highlighted or circled on the invoice. Please enclose a summary of the chain of events leading up to the repair that may assist us in reviewing your request. I CERTIFY THAT I PAID FOR REPAIRS THAT CORRECTED THE ISSUE AS STATED IN THE RECALL LETTER PRIOR TO BEING NOTIFIED, HAVE PROVIDED CLEAR DOCUMENTATION OF THESE REPAIRS AND THAT ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Claimant Signature: _____

Submit this form and copies of all documentation supporting your claim to your local or repairing dealer. The dealer will review the information you are submitting and file a claim with Volvo on your behalf. For successful claims, either (i) Volvo will transmit funds to the dealer through normal warranty payment channels and the dealer will arrange payment to you in a mutually agreeable method, or (ii) you will receive payment direct from Volvo.

Volvo will consider all claims, but may deny all or part of the claim for any of the following reasons:

- Fraudulent claim or Vehicle not part of recall
- Incomplete application or support documentation
- The repair did not address the issue or non-compliance that led to the recall, or the repair was not of the same type (repair, replacement) as the recall remedy
- The repair was completed outside the eligible dates set forth in the Notice of Vehicle Recall.

Allow 60 days for processing.