

ACCIDENTS



pennsylvania
DEPARTMENT OF GENERAL SERVICES
BUREAU OF VEHICLE MANAGEMENT

NOTE TO DRIVERS:

Please complete the information below and provide to the vendor to be included when they fax estimate for repair.

******PRIOR TO ANY WORK BEING DONE******

**Please fax cover sheet and estimate to our
Claims Division @ 717-265-7781**

UNIT#: _____ - _____ - _____

Accident#: _____

Vendor Name: _____

Vendor Location: _____