

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 @ 717-425-7877**

**Cover sheet and estimate can also be emailed to our
Claims Division @ RA-GSBVMCLAIMSDIV@pa.gov**

UNIT#: _____ - _____ - _____

Accident#: _____

Vendor Name: _____

Vendor Location: _____