

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 or e-mail cover sheet and estimate
to our Claims Division**

FAX: 717-425-7877

E-MAIL: RA-GSBVMCLAIMSDIV@pa.gov

UNIT#: _____ - _____ - _____

Accident#: _____

Vendor Name: _____

Vendor Location: _____