

GENERAL MOTORS FLEET  
SPECIAL VEHICLE MANUFACTURER



## SVM SCRAPPED, LOST OR STOLEN VEHICLE FORM

EMAIL [SVM.mailbox@gm.com](mailto:SVM.mailbox@gm.com)

SVM LOCATION \_\_\_\_\_

SVM ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

VIN # \_\_\_\_\_

**CONTACT INFO**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**DESCRIBE WHAT HAPPENED TO VEHICLE; DATE, WHEN, AND WHERE:**

Attach a copy of GMF/Lender Contact Info, Insurance Info, and Police Report if applicable. Submit as PDF file to:  
[SVM.mailbox@gm.com](mailto:SVM.mailbox@gm.com)\*

SVM MANAGER \_\_\_\_\_

DATE \_\_\_\_\_

Questions, please contact your GM SVM account manager.