



SVM SCRAPPED, LOST OR STOLEN VEHICLE FORM

EMAIL 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*

SVM MANAGER _____

DATE _____

Questions, please contact your GM SVM account manager.