



Supplement Request Form

****FOR SHOP USE ONLY****

Please complete ALL information on this form for all supplement requests.

E-mail completed form to R2ADSuppB@geico.com OR

Fax to 866-953-9495

*****Please submit requests ONE claim at a time*****

Please submit this form along with a list of supplemental damages.

No supplement will be honored unless authorized by GEICO.

Complete GEICO Claim Number: -

Example: XXXXXXXXXXXXXXXXXXXX-XX

Shop Email:

Customer Name:

Vehicle Year: Make: Model:

Repair Facility Name:

Repair Facility Address:

Repair Facility Contact:

Repair Facility Phone Number:

Repair Facility Federal Tax ID#:

Is Vehicle at Repair Facility: Yes No

Additional Comments or Information: