

DIRECTION TO PAY / COMPLETED WORK CLAIM FORM

COMPANY: _____

You are required by Massachusetts law (Chapter 90, Section 340) to complete this form before we will pay for repairs to your auto under the Collision, Limited Collision and Comprehensive Coverage (Parts 7, 8 and 9) in your Massachusetts Automobile Insurance policy

DATE	POLICY HOLDER	DATE OF LOSS	FILE NUMBER

REINSPECTED ON:	PREMIUM PAYMENTS ARE	RETURN TO
	CURRENT:	
REINSPECTED BY:	NOT CURRENT:	

SECTION 1 IF YOU HAVE YOUR AUTO REPAIRED

Your policy allows us to make an appraisal of your damages before repairs. If you then have the auto repaired in accordance with our appraisal, you must sign this form, have your repair shop certify the information at the bottom of the page, and send to us. We must pay your claim, subject to deductible, within seven (7) days after we receive the properly signed and certified form. We have the right to inspect the repairs.

STATEMENT OF REPAIR	
<p>All the damage to my auto has been repaired in accordance with the appraisal. The repairs were completed by:</p> <p>AMERICAN AUTO BODY AND REPAIR, INC. * 20 MOORE ST. * LEOMINSTER, MASSACHUSETTS 01453</p>	
<p>XXXXXXXXXXXXXXXXX SIGNATURE OF POLICY HOLDER</p>	<p>XXXXXXX DATE</p>

DIRECTION TO PAY	
<p>We will either pay you or if you request, we will pay the repair shop directly. If you wish us to pay the repair shop directly, please sign below.</p>	
<p> _____ SIGNATURE OF POLICY HOLDER</p>	<p>X _____ DATE</p>

SECTION 2 IF YOU DO NOT HAVE YOUR AUTO REPAIRED

If you choose not to have your auto repaired, or if we do not receive this for, we will determine the amount of the decrease in the actual cash value of your auto and pay you that amount less your deductible. We will never pay more than what it would cost to repair the damage. Our payment automatically reduces the actual cash value of your auto in case of further claims. If you later give us proof proper repair, the actual cash value will be increased. If you choose not to have your auto repaired, please sign below.