

REPAIR AUTHORIZATION / DIRECTION TO PAY

INSURANCE COMPANY: _____

CLAIM REP: _____

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

~REPAIR AUTHORIZATION~

FOR THE WRITTEN ESTIMATE FOR PARTS AND LABOR
INCLUDING ANY SUBSEQUENT SUPPLEMENTAL DAMAGES

PLEASE NOTE: Once we have an estimate for repairs we will be able to let you know the approximate number of days your vehicle will be in the shop for repairs. If additional damage is found once the repair process begins, the repairs may take longer than anticipated. We are not responsible for parts or sublet vendor delays. We strive to maintain the time frame quoted for the repairs, however, occasionally there are circumstances beyond our control which may delay the process.

We do a minor detailing on most vehicles when repairs are completed, therefore in order to expedite the repair and detailing process we ask that you please take the majority of miscellaneous items and especially any valuable items out of your vehicle prior to the repair appointment. Please be sure to remove items from the trunk if work is required to the rear of your vehicle, including bumper work.

I hereby authorize American Autobody & Repair, Inc. to commence repairs on my:

year _____, make _____, model _____.

~DIRECTION TO PAY~

Furthermore, I authorize payments for repairs to be made directly to the aforementioned repair facility.

MY SIGNATURE BELOW SERVES AS AUTHORIZATION FOR BOTH THE REPAIR AND FOR THE DIRECTION TO PAY

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SIGNATURE OF POLICY HOLDER

*

DATE

Garage Liability Policy: MAPFRE # BJGHMC
Federal ID# 042618081
Mass RE# 470 EXPIRATION DATE: 5/31/23

Licensed Appraiser: Dennis A. Rosa # 006354
Sales Tax# 95879
Hazardous Waste# MAD075351726

IF YOU DO NOT HAVE YOUR AUTO REPAIRED

If you choose not to have your vehicle repaired, or if the insurance company does not receive this form, they will determine the amount of the decrease in the actual cash value of your vehicle and pay you that amount less your deductible. They will never pay more than what it would cost to repair the damage. Their payment automatically reduces the actual cash value of your vehicle in case of further claims. If you later give them proof of proper repair, the actual cash value will be increased. If you choose not to have your vehicle repaired please notify your insurance company.