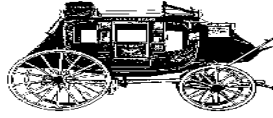


## COACH AND CARRIAGE



AUTO

BODY

66 School St

Watertown, MA 02472

Phone (617) 924-4845 Fax (617) 923-8020

RS # 4624 Exp May 31, 2018

Tax # 042475187

**coachandcarriageautobody@gmail.com**

### Repair Authorization and Direction to Pay Form

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_ CLAIM# \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

### STATEMENT OF REPAIR

According to the provision of the Direct Payment Plan, I hereby chose the direct payment to the auto body shop. I hereby request to continue the claims process through the Completed Work Claim Form System. All repairs to my auto are being repaired in accordance with our appraisal. The undersigned hereby directs the insurance company to pay the above named repair shop directly. You may also be responsible for your deductible and any betterment taken on claim at time of delivery. Due to insurance claims procedure and parts authorizations completion times are never guaranteed.

I hereby authorize the estimated repair work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my own risk. When dropping off your vehicle please have least a quarter tank of fuel in your vehicle otherwise there will be a service fee of \$35.00. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

X \_\_\_\_\_

DATE \_\_\_\_\_

**Signature of Policyholder**

**Please make arrangements prior to picking up your vehicle with payments Please have your insurance check at time of delivery to endorse over all other payments are cod on delivery.**