

COMPLETED WORK CLAIM FORM

To the extent that we will not be paying for the repairs to your auto under an approved direct payment plan, you are required by Massachusetts law (Chapter 90, Section 34-0 and Chapter 175, Section 113-0) to complete this form before we will pay for such repairs under the applicable provisions of Collision, Limited Collision and Comprehensive coverage of you Massachusetts automobile insurance policy.

Date _____ Policyholder _____

File number _____

Section 1: If you have your auto repaired;

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

Statement of Repairs:

All the damage to my auto has been repaired in accordance with the appraisal. The repairs were completed by : Ernie's Auto Body 344 Lincoln St. Hingham, MA 02043 781.749.7900 Fax 781.749.7923 Rs# 1350.

Signature of Policyholder: _____ Date: _____

Direction to Pay:

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.

Signature of Policyholder: _____ Date: _____

Shop Numbers Appr. Lic 014525 FID# 043343208

Sales Tax 621216-0000 Reg Shop # 1350

Ins Policy CB 0018216 Haz Maz. 1550