

Fuller Auto Body

Direction to Pay and Work Completed Claim Form

Company _____

To the extent that we will not be paying for repairs to your auto under an approved direct payment plan, you are required by Massachusetts's 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's of your Massachusetts's automobile insurance policy.

| Date | Policy Holder | Date of Accident | Claim/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 then have the auto repaired in accordance with our appraisal, you must sign this form and have Fuller Auto Body certify the information below. We must pay your claim, subject to your deductible, within (7) days after we receive the properly signed and certified form. We have the right to inspect the repairs.

| STATEMENT OF REPAIRS | | |
|--|---|---|
| All the damage to my auto will be repaired in accordance to the appraisal. The repairs were completed by: | | |
| Fuller Auto Body 505 Washington St. Auburn, MA 01501 (508) 832-6352 Fax: 508-832-4766 | Tax # 04-2261265 MAD # 985300938 Ins. # 7900L845 680 Travelers | Mass Reg # RS00000271 Exp. 12/31/18 Appraiser # 014328 Joshua Fuller |

| | |
|--------------------------------------|-----------------|
| _____ (Signature of Policyholder) | _____ (Date) |
|--------------------------------------|-----------------|

| DIRECTION TO PAY | |
|---|-----------------|
| We will either pay you or if you request, we will pay Fuller Auto Body Directly. If you wish us to pay Fuller Auto Body directly for the repairs, less deductible and/or betterment charges (if applicable), please sign below. | |
| _____ (Signature of Policyholder) | _____ (Date) |

SECTION 2: IF YOU DO NOT HAVE YOUR AUTO REPAIRED

If you choose not to have your car repaired, or if we do not receive this form, 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 that 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 of proper repair, that actual cash value will be increased. If you choose not to have your auto repaired, please sign below.

| | |
|--------------------------------------|-----------------|
| _____ (Signature of Policyholder) | _____ (Date) |
|--------------------------------------|-----------------|

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| <p style="font-size: small;">I hereby authorize the above repair work to be done along with the necessary materials. I agree in the use of the Expedited Supplement Process in the repairs to my vehicle. You and your employees may operate the above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on the above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to the above vehicle or any of its contents in cases of fire, theft, or any other cause beyond your control.</p> <p>Signature: _____</p> |
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