IMPORTANT INSTRUCTIONS

- Do not use the top of the form to fax to us. We need this section blank so it can be used when sending the completed form to the insurance company.

- We will add your claim information to the form for you.
  If you prefer to include it now:
  - Claim information must be printed neatly and clearly legible.
  - If you are not sure of your claim information, leave it blank.

- If signing this form prior to repairs: only one signature is needed on the "Direction to Pay and Authorization to Repair" section. This is toward the bottom of the form, the upper signature line.

- If signing this form after repairs are complete: sign both signature lines

- Please return the signed form as soon as possible

  Email: costasautobody@verizon.net

  - Or -

  Fax: (508)548-6039 No cover letter is needed

Thank you!

Costa's Auto Body Company

222 Carriage Shop Road, East Falmouth, MA 02536
Phone (508)548-6339 / Fax (508)548-6039
costasautobody@verizon.net
Registration #1497, expires 5/31/2025
Tax ID 26-0454664

Date _____

To: _____

From: _____

Direction to pay for: _____ entire claim _____ supplement _____ towing

Number of pages to follow _____

Date _____ Policyholder/Claimant _____

Date of Loss _____ Claim #_____

Vehicle: Year _____ Make _____ Model _____

Authorization to Repair & Direction to Pay

I hereby authorize the repair work set forth to be done along with the necessary parts/materials and agree that you are not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft or any other cause beyond the shops control or any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employee's permission to operate my vehicle on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repairs thereto. If arrangement is made to have an insurance company pay this shop directly, I am aware that the payment may still be sent to me in error. If this occurs, I agree I am responsible to pay this same amount to Costa's Auto Body Company. I further agree that a mechanics lien remains in effect even after I have regained possession of my vehicle, until the entire amount for repairs has been paid. This company is not responsible for any damages from freezing or overheating due to lack of antifreeze. Furthermore, according to provisions of the direct payment plan, I here by refuse the direct payment check. By doing so, I request to continue the claims process through the Completed Work Claim Form system. I hereby direct the insurance company to pay the above named repair shop directly.

X _____

Signature of policyholder/claimant

Statement of Repair

Costa's Auto Body Company, in accordance with the appraisal, has repaired all damage to my automobile.

X _____

Signature of policyholder/claimant