

Shop Name
Address
Phone

Date & time

Customer name

Address

Home Phone

Business Cell

Repair Order #

Insurer Name

Claim number

Vehicle Make

Year

Model

V.I.N.

Mileage

License #

AUTHORIZATION TO TEAR DOWN / DISASSEMBLE VEHICLE

- A) I hereby authorize _____ Auto Body to tear down/disassemble the damaged area(s) fill in- e.g. right front, left rear, etc. of my vehicle which will include the following operations: disassemble the vehicle, inspect and analyze the damage to the vehicle in order to determine the appropriate method of repair, and estimate the necessary cost to repair the vehicle.

TEARDOWN / DISASSEMBLY FEE

- B) I agree to pay \$ _____ for the tear down/disassembly of my vehicle by _____ Auto Body. I understand that I will be personally responsible for this fee if my insurer refuses to pay it for any reason CUSTOMER INITIAL _____
- C) I understand that disassembly of the vehicle will prevent reassembly of the vehicle to the condition as it was prior to the disassembly. This means that if my vehicle must be removed from _____ Auto Body, for any reason, I will be responsible to have it towed from _____ Auto Body at my own expense. CUSTOMER INITIALS _____
- D) After the teardown/ disassembly, damage analysis and repair estimate is complete, we will send you the estimate, photos, and all the related documents for you to forward to your insurer. We will also send you a repair authorization request to authorize us to start repairs. We will give you _____ business days free storage to give you time to reach an agreement with your insurer on a repair amount. Storage will begin to accrue on (DATE) at a rate of \$ _____ per calendar day until the repair is authorized or the vehicle is removed from our premises. If your insurer subsequently determines your vehicle to be a total loss, you will be responsible for storage charges at a daily rate of \$ _____ per day.

Customer name _____

REPAIR AUTHORIZED

- E) If the repair based on the _____ Auto Body estimate is negotiated, agreed to and authorized by you for _____ Auto Body to repair your vehicle, all tear down and storage fees will be waived.
- F) For your privacy, all documents relating to this transaction will be sent to you to forward to your insurance company. Would you like us to send a copy of all documents relating to this transaction to your insurance company on your behalf to save time? YES _____ NO _____

PRINT NAME _____ SIGN NAME _____

I have read, understand, and authorize the work described above to be completed on the vehicle described above.

* I understand that my insurance company may not fully pay the full amount shown above>

* I agree to be fully responsible for the work shown above if my insurance company does not pay the final invoice amount for any reason.

Customer Signature _____ DATE _____

NOTES TO SHOP:

Please note that you cannot charge storage for any day you were working on the vehicle including during the tear-down disassembly process.

While you can choose to give the customer any number of storage free days to authorize repairs after you submit the repair estimate to them, we suggest you use 6 business days as the standard because it would be consistent with section 2695.8 (e) of the Ca. Fair Claim Settlement Practices Regulations requiring insurance companies to inspect a claim within this time frame after notification of a claim. (Please note that pending BAR regulations may require a shop to provide the customer a minimum of free storage days)

Be sure to get a separate "authorization to Pre-scan" the vehicle from the customer prior to doing any Tear down work on the vehicle. See Shop Tip # 17

When sending the estimate and related documents to the customer, use the sample letter in Shop Tip # 45 for guidance.

Attention: this document is general in nature and deals with various laws and regulations. It should not be considered as legal advice. It is recommended that you seek the advice of an attorney specializing in this area of the law if you encounter a problem.