

Direction to Pay, Proof of Loss, and Work Authorization

Claim No. _____

Policy No. _____

Date of Loss _____

This undersigned hereby authorizes you to pay the sum of \$ _____ for the mentioned damages arising out of above captioned loss directly to:

WAYNE'S AUTO BODY, INC.

22 Lafayette Road
North Hampton, NH 03862
Phone: 603-964-6261
Fax: 603-964-1192
Fed. ID 02-0394376

Insured _____

Claimant _____

Signature _____

Witness _____

Date _____