NEW ORIENTAL
BODY SHOP INC.

Claim #

Main 323.737.3436
323.737.3494
Fax 323.737.7636
Orientalbodyshop@gmail.com

Tax ID# 463058156

New Oriental Body Shop Inc.

2851 West Pico Blvd. Los Angeles, CA 90006

Full Name: _____ ☐ Claimant ☐ Insured Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Color: _____

Miles: _____ Plate: _____ VIN | | | | | | | | | | | | | | | | | |

REPAIR AUTHORIZATION

I hereby authorize repair of the above vehicle. I agree that New Oriental Body Shop is not responsible for the loss of articles left in the vehicle caused by fire, theft or any other cause beyond their control or for the delays caused by the unavailability of parts or shipping delays. I also grant permission to New Oriental Body Shop employees and sublet vendors / contractors to operate the above stated vehicle for the purpose of inspection, testing and repair. I understand and agree that to secure payment for the repairs, an expressed Mechanic's Lien on the above vehicle is acknowledged and further agree to pay reasonable attorney fees and court costs in the event that legal action becomes necessary to enforce this contract. I understand full payment or any unpaid balance is due upon completion of repairs and vehicle will not be released before payment has been cleared. In the event a down payment is required, I understand if the parts ordered are deemed unreturnable (electronics, primed, painted, special order items) I will not recieve a refund, but I am entitled to the paid merchandise. I will be held liable for all shipping, handling, primming,painting, installation, teardown fees associated with the merchandise or services rendered, before the car is released to me.

Sign: _____ Date: _____

INSURANCE INFORMATION

DOL: _____ Insurance: _____ Claim # _____

Adjuster: _____ Phone: _____ext_____ Email: _____

DIRECT PAY AUTHORIZATION

I hereby authorize payment(s) to be made to New Oriental Body Shop Inc. for all repairs on the vehicle listed above. I constitute and appoint New Oriental Body Shop as my true & lawful attorney to sign name, place and stead of the undersigned on all insurance checks, drafts and also including supplement payment, covering any repairs to the vehicle authorized by myself in whatever manner is necessary to place check or draft in a cashable position.

Sign: _____ Date: _____