MARTYS'
ENTERPRISES
AUTO BODY & REPAIR
1859 McCLELLANDTOWN RD., MASONTOWN,
PA 15461 (724) 833-2447

Claim Number:_____

Policy Number:_____

Date of Loss: _____

Authorization for Repair

Vehicle Owner(s)/Lessee(s): Insured Claimant

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Vehicle involved in this loss/accident: _____

YEAR MAKE MODEL

☐ I hereby authorize repair of the above vehicle. I agree that Martys' Enterprises Auto Body & Repair is not responsible for loss of articles left in the vehicle caused by fire, theft, or any other cause beyond our control or for delays caused by the unavailability of parts or shipping delays. I also grant permission to Martys' Enterprises Auto Body & Repair employees to operate the above stated vehicle for the purpose of testing and/or inspection.

Signature: _____ **Date:** _____

Direction for Payment

☐ I hereby authorize (Insurance Co.) _____ to release payment, to be made directly to Martys' Enterprises Auto Body & Repair for any repairs completed to the vehicle listed above. Repairs have been completed to my/our satisfaction and have been provided a copy of the final repair estimate and/or supplements. Payment is hereby authorized to the above repair shop in the amount of:

Total Repair Amount: $_____ Deductible Amount: $_____ Total Amount due to Shop: $_____

_____

SIGNATURE OF OWNER/LESSEE DATE

_____

WITNESS DATE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.