



NAME OF INSURED: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

CLAIM #: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_

**SEND PAYMENT TO:**

**\*\*ATTENTION CLAIM REPRESENTATIVE\*\***

Western Ave Auto Body  
882 Western Ave  
Lynn MA 01905

Tax ID: 61-2269839

Mass. RS #: RS0100337  
(Exp. Date): 05.31.2028

**THIS VEHICLE WILL NOT BE RELEASED  
UNTIL DTP ACCEPTANCE IS RECEIVED**

**\*\*\* PLEASE \*\*\***

**CALL: (781) 581-7943  
FAX: (781) 202-1776  
EMAIL: [info@westernaab.com](mailto:info@westernaab.com)**

**TO CONFIRM THAT THE DTP HAS  
BEEN RECEIVED**

## **DIRECTION TO PAY**

*I authorize the insurance company to send payments for repairs directly to Western Ave Auto Body. I also understand this DTP is required so that my vehicle may be released upon completion of repairs.*

**X**

Signature of Policy Holder

Date: