



62 LACOMBE STREET MARLBORO MA 01752

NAME: _____

INS. CO. _____ CLAIM # _____

**AUTHORIZATION TO REPAIR
ASSIGNMENT OF RIGHT & DIRECTION TO PAY**

I hereby authorize the repair work to my vehicle along with the necessary material and hereby grant you and/or your employee's permission to operate the vehicle on streets/highways or elsewhere for the purpose of test driving and/or inspection.

In consideration of *Ultra Shine Collision* agreeing to repair damages to my vehicle I hereby assign to said *Ultra Shine Collision* all rights which I have against _____ Ins. Co. for the collection of monies relating to or arising from the repair of such damage. The rights hereby assigned shall include but not be limited to the right to receive direct payment of the claim from the insurance company, the right to collect payment for incidental charges such as towing, storage, car rental etc., the right to sue the insurance company in a court of law for payment owed which have not been made within a reasonable amount of time, and the right to receive multiple damages, cost, interest and reasonable attorney's fees if a court determines that the insurer was unreasonable in withholding payment or engages in unfair or deceptive trade practices, pursuant to Mass. General Law Chapter 93A.

I hereby assign my policy benefits for collision/comprehensive repairs and authorize _____ Insurance Company to pay *Ultra Shine Collision* directly for supplement damages arising out of the accident on _____

Tax ID # 20-3946944

RS # 4413
EXP. 05/31/20

X _____ Date _____
Insured Signature

Substitute transportation is owners' responsibility. Ultra Shine Collision cannot be held liable for any charges either incidental or incurred. Rental coverage issues and policy limits are set by the insurance company and limits may be exceeded due to the repair process. Duration on repair is Estimate Only. Ultra Shine Collision is not responsible for delays. This is due to the complexity of the repair process.