

# COMPLETED WORK CLAIM FORM

Company \_\_\_\_\_

<b>Date:</b>	<b>Policyholder:</b>	<b>Date of Loss:</b>	<b>Claim #:</b>
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Reinspected \_\_\_\_\_

Return To \_\_\_\_\_

Reinspected by \_\_\_\_\_

## Section 1: If You Have Your Auto Repaired

Your policy allows us to make an appraisal of your damages before repairs. If you then have the auto repaired in accordance with our appraisal, you must sign this form and send it to us. We must pay your claim, subject to your deductible, within 7 days after we receive the form. We have the right to inspect the repairs.

### Statement of Repair

All the damage to my auto has been repaired in accordance with the appraisal. The repairs were completed by:

**AJ Auto Body, Inc.**  
**65 Beaver Street**  
**Framingham, MA 01702**

**RS 2091 exp. 5/31/2019**  
**Tax ID 04-3028153**  
**Phone: (508) 875-1877**

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_

### Direction To Pay

We will either pay you or, if you request, we will pay the repair shop directly. If you wish us to pay the repair shop directly, please sign below.

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_

## Section 2: If You Do Not Have Your Auto Repaired

If you choose not to have your auto repaired, or if we do not receive this form, we will determine the amount of decrease in the actual cash value of your auto and pay you that amount less your deductible. We will never pay more than it would cost to repair the damage. Our payment automatically reduces the actual cash value of your auto in case of further claims. If you later give us proof of proper repair, the actual cash value will be increased. If you choose not to have your auto repaired, please sign below.

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_