

JAKES COLLISION CENTER

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SHOP REGISTRATION : #7 1461956
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REPAIR AND DIRECTION OF PAY

It is your right to shop around to obtain repairs at the repair shop of your choice for the amount of your appraisal.

If your insurance company labor hours do not match our set labor hours you will be responsible to cover the copay difference. See our labor rates listed on second sheet.

You are required by Massachusetts law (Chapter 90, section 340) to complete this form before we will pay for repairs to your auto under collision, limited collisions and comprehensive coverage (part 8,9,10) in your Massachusetts automobile insurance policy.

If you chose not to have your auto repaired, or if we do not receive this form, we will determine the amount of the decrease in 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. Your Policy allows us to make an appraisal of your damage before repairs, if you then have the auto repaired in accordance with our appraisal, you must sign this form.

If the cost of the repair exceeds the amount we receive from your insurance company, we reserve the right to hold you responsible for the remainder of the balance and or bill.

Insurance Company : _____

Date of Repair : _____ Date of Accident : _____

Policy Holder : _____

Address : _____

City, State, Zip code : _____ Telephone : _____

File Number : _____ Claim Number : _____

Signature (Policy Holder) : _____ Date : _____

Authorize (Insurance Company) : _____

To pay Jakes Collision Center the amount agreed upon for repairs to my vehicle, I acknowledge and accept that additional damage may be discovered and that the final cost of repairs may be greater than the original estimate, I authorize that all payments for my vehicle collision be made to Jakes Collision Center for supplemental estimates.