

COMPLETED WORK CLAIM FORM

Company _____

To the extent that we will not be paying for repairs to your auto under an approved direct payment plan, you are required by Massachusetts law (Chapter 90, Section 34-0 and Chapter 175, Section 113-0) to complete this form before we will pay for such repairs under the applicable provisions of Collision, Limited Collision and Comprehensive coverage's of your Massachusetts automobile insurance policy.

| Date | Policyholder | Date of Accident | File Number |
|--------------------------|---|---------------------|-------------|
| | | | |
| Reinspected on: _____ | Premium Payments Are: __ Current __ Not Current | 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, have your repair shop certify the information on the reverse, and send it to us. We must pay your claim, subject to your deductible, within seven (7) days after we receive the properly signed and certified form. We have the right to inspect the repairs.

| Statement of Repair | |
|--|-------|
| All damage to my auto has been repaired in accordance with the insurance appraisal. The repairs were completed by: | |
| _____ | |
| Name, Address and Telephone Number of Repair Shop | |
| _____ | |
| _____ | _____ |
| 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.

X _____
Signature of Policyholder

Date