



Arnie's

Auto Body, Inc.

23 Ctr. Depot Rd.

Charlton, MA. 01507

P 508.248.7538 F 508.248.5578

COMPLETED WORK CLAIM FORM

DATE _____ POLICYHOLDER _____

DATE OF LOSS _____ CLAIM # _____

According to the provisions of the Direct Payment Plan, I hereby refuse and return the direct payment check. By returning the direct payment, I hereby request to continue the claims process through the Completed Work Claims Form System.

STATEMENT OF REPAIR

*All damage to my auto has been repaired in accordance with the appraisal.
The repairs were completed by
Arnie's Auto Body, Inc. 23 Center Depot Rd. Charlton MA 01507*

Signature of Policyholder

Date

DIRECTION TO PAY

The undersigned hereby directs his/her insurance company to pay the above named repair shop directly.

Signature of Policyholder _____

REPAIR SHOP INFORMATION

Registration # RS0000496 expires: 05/31/12

Tax ID # 043040554

Hazardous Waste EPA ID # MAD980910507

Auto Damage Appraisers Lic. #'s 010914