Completed Work Claim Form

Date _____ Policy Holder _____

Date of Loss _____ Claim Number _____

According to the provisions of the Direct Payment Plan, I will endorse any checks received from the insurance company pertaining to the above claim. I also hereby request to continue the claims process through the Work Completed Claims Form System.

Statement of Repair

All damage to my automobile/motorcycle has been repaired in accordance with the appraisal. Repairs were completed by:

Repair Shop _____ (_____)_____-_____ Shop Area Code & Phone Number

Address _____ (_____)_____-_____ Shop Area Code & Fax Number

City/State/Zip Code _____ Signature of Policy Holder _____ Date _____

Direction to Pay

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

Signature of Policy Holder _____ Date _____

Repair Shop Information

F.C.R., INC. — Repair Shop

RS# 946 — Registered Shop Number

1163 WASHINGTON STREET — Address

05/31/2021 — Expiration Date

EAST WEYMOUTH, MA 02189 — City/State/Zip code

MAD981207848 — Hazardous Waste Number

781-331-0113 — Shop Area Code & Phone Number

042870871 — Tax ID Number

MAPFRE / COMMERCE INSURANCE — Garage Keeper's Liability Carrier

BGNCRL-9 — Garage Keeper's Policy Number

This form was approved by the Massachusetts Division of Insurance
The laws and regulations referred to are part of the Massachusetts Auto Insurance Reform Act of 1988.