

AUTHORIZATION TO REPAIR, ASSIGNMENT OF CLAIM & DIRECTION TO PAY

Vehicle Owner: Test Owner **Claim #:** TEST-123
Year/Make/Model: 2020 Test Car
Insurance Co: Test Ins **Policy #:** POL-123
VIN: 12345678901234567

I hereby authorize the above repair facility to repair my vehicle.

I hereby grant you and your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

I also assign any and all claims that I have against the insurance company and/or the responsible party in connection with this vehicle lose to the above Repair Facility.

I hereby authorize the insurance company to pay the Repair Facility directly for all repair, supplemental and diminished value costs.

I agree to cooperate with the Repair Facility and the insurance company to ensure that the vehicle is repaired properly and that the insurance company pays for all repairs, and I appoint the Repair Facility as my attorney in fact to endorse any and all insurance checks or drafts for repairs to the vehicle.

Vehicle Owner Signature / Date

Repair Fclty. Authorized Rep. / Date

Printed Name: Test Owner