Assignment of Insurance Proceeds

Customer Information

Customer Name: _____

Address: _____

Phone Number: _____

Email: _____

Vehicle Information

Year: _____

Make: _____

Model: _____

VIN: _____

License Plate: _____

Insurance Information

Insurance Company: _____

Claim Number: _____

Policy Number: _____

Authorization & Assignment of Insurance Proceeds

I, the undersigned vehicle owner or authorized agent, hereby authorize Speedway Autobody to perform all necessary repairs to the above-described vehicle in connection with the insurance claim listed above.

I further authorize and direct the insurance company named above to pay all insurance proceeds resulting from the claim directly to Speedway Autobody, and I hereby assign all such proceeds to said repair shop.

This assignment includes any supplements, additional authorizations, and payments necessary for the

Assignment of Insurance Proceeds

completion of repairs.

I understand and agree that:

- I am responsible for payment of any deductible, betterment, or non-covered repairs.

- If the insurance company issues a payment to me directly, I will promptly endorse and deliver it to Speedway Autobody.

- Any balance not covered by the insurance company remains my responsibility.

Customer Authorization

Signature of Vehicle Owner/Authorized Agent: _____

Printed Name: _____

Date: _____

Collision Shop Use Only

Accepted by (Shop Representative): _____

Date: _____