



Authorization and Direction To Pay – New York Only

(You have the right to select any repair facility to repair your vehicle)

Vehicle owner's name: _____

Vehicle description: _____
Year Make Model VIN

Claim Number: _____ Date of loss: _____

I authorize(d) EMPIRE AUTO BODY to estimate and repair my vehicle, unless it is an economic total loss.
(Repairer)

Vehicle Owner's Signature _____ Date _____

Date the vehicle is available for inspection: CURRENTLY
Date

I authorize received a copy of the initial and final automated repair estimate. I authorize State Farm® to pay EMPIRE AUTO BODY

\$ PER INVOICE on my behalf

\$

Vehicle Owner's Signature _____ Date _____

I certify that repairs have been completed as indicated on the final automated repair estimate.

Repairer's Signature _____

_____ Date

Form must be retained in repairer's records for at least 6 months, or longer if required by state law.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.