

AUTHORIZATION AND DIRECTION TO PAY (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:				VIN
I authorize(d)	(Repairer)	to estima	te and repair my ve	chicle, unless it is an economic total loss.
Vehicle Owner's Signature				Date
Date the vehicle is available for inspection:				
I have received a copy of the initial and final automated repair estimate.				
I authorize State Farm [®] to pay				
\$	on my behalf.		(Repairer)	
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 insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who 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.