ATTN CLAIM REP: _____ DATE: _____

FAX NUMBER: _____ FROM: _____

***Insurer**, once you have acknowledged this direction to pay, **please fax or email your signed confirmation to Great Bay Autobody-Marine**. Thank you.*

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162 Bridge Road
Salisbury, MA 01952
Phone: 978-462-5484
Fax: 978-462-2402

Great Bay
AUTOBODY ♦ MARINE

Massachusetts RS#1997
Exp. 05/31/2023
Tax ID# 04-3571156

DIRECTION TO PAY

I hereby authorize and direct my insurer and/or insurance company to send any payments for the repairs directly to Great Bay Autobody-Marine Co., 162 Bridge Road, Salisbury, MA 01952.

_____ _____

Customer / Claimant Signature Date

Claim Information

Company / ClaimRep: _____ Claim #: _____

Claimant / Insured: _____ Date of Loss: _____

Vehicle Information: _____

The undersigned agrees to make payment based on 211 CMR 123.05(1) within 5 business days of preparation of the supplemental appraisal. The undersigned hereby acknowledges that this supplemental claim form will be used and will direct payment to the above-named shop.

Claim Rep Signature: **Date:**

According to the provisions of the Direct Payment regulations of the Massachusetts Division of Insurance, 211 CMR 123.05(4)(b): The insurer shall promptly evaluate the source of any differences between the insurer's appraisal and the cost of repairs and either authorize or deny a supplemental payment within three business days after the notification of such difference and inspection of the vehicle. During such three-day period, the insurer may inspect the vehicle, and if it so requests, the claimant or repair shop shall make the vehicle available for inspection by the insurer. The insurer shall not delay such inspection for more than three days without the consent of the claimant. If the insurer makes a timely request for inspection the insurer will either authorize or deny a supplemental payment within three business days after the inspection. The claimant may direct the insurer to make any supplemental payment to the repair shop, provided the repair shop is registered under M.G.L. c. 100A. Otherwise, any supplemental payment must be made directly to the claimant.