

# North Amherst Motors

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TAX ID 04-2562147 RS # 341 Exp. 05/31/2014

## DIRECTION TO PAY

To our valued customers:

It is the policy of North Amherst Motors, Inc. to make the process of repairing and returning your vehicle to you as smooth and uncomplicated as possible. By signing this direction to pay, you will allow the insurance company to agree to pay North Amherst Motors, Inc. directly for any repairs. Upon acceptance of this form by the insurance company, North Amherst Motors, Inc. will then be able to deliver your vehicle back to you at the soonest possible time with the least amount of inconvenience, as you will not have to wait for the insurance company to mail you any additional checks.

In consideration of North Amherst Motors, Inc. agreeing to repair damage to my vehicle caused on or about \_\_\_\_\_ (date of accident), I hereby assign to North Amherst Motors, Inc. all rights which I have against \_\_\_\_\_ (insurer) for the collection of monies for the repair of such damage. This assignment includes, but is not limited to, the right to receive direct payment of the claim from the insurance company, the right to sue the insurance company in a court of law for the payments rightly owed to me which have not been made within seven (7) days of the company's receipt of the completed work claim form, and the right to receive multiple damages, costs, interest and reasonable attorney's fees if a court determines that the insurer was unreasonable in withholding payment. It is further agreed that the assignor promises to pay the assignee any part of the above amount that the above named insurer fails to pay.

SIGNED AND SEALED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

## COLLISION AND COMPREHENSIVE CLAIM

File/Claim# \_\_\_\_\_

