



Auto Body • Service Center • Auto Sales

COMPLETED WORK CLAIM FROM

COMPANY

To the extent that we will not be paying for repairs to your auto under an approved payment plan, you are required by Massachusetts law (chapter 90, Section 34O and chapter 175, Section 115-0) to complete this form before we will pay for such repairs under the applicable provisions of Collision and Comprehensive coverage of your Massachusetts automobile policy.

DATE	POLICY HOLDER	DATE OF ACCIDENT	CLAIM NUMBER

Your policy allows up to make an appraisal of your damages before repairs. If then you have the auto repaired in accordance with our appraisal, you must sign this form, have your repair shop certify the information, and send it to us. We must pay your claim, subject to deductible, within seven (7) days after the properly signed and certified form. We have the right to inspect the repairs.

STATEMENT OF REPAIR

All Damages to my auto have been repaired in accordance with the appraisal. The repairs were completed by:

AKIKI & SONS, INC.
1045 HYDE PARK AVE.
HYDE PARK, MA 02136

RS # 1991 ex 5-31-2017
Tax # 042895117
Appraisers license #12988

Signature of Policyholder

Date

DIRECTION TO PAY

We will either pay you or if you request, we will pay the repair shop directly. If you wish us to pay the repair shop directly, please sign below.

Signature of Policyholder

Date