

STEINGOLD COLLISION CENTER

AUTHORIZATION TO REPAIR

Owner Information:

Full Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
E-mail: _____

Vehicle Information:

Year: _____
Make: _____
Model: _____
VIN: _____
Date of Loss: _____

I hereby authorize the collision center listed below to appraise, dismantle and repair the vehicle listed above. I also authorize the vehicle to be operated for purposes of testing, inspection, and/or delivery:

Steingold Collision Center
766 Broadway
Pawtucket, RI 02861
License No. 69

I accept this authorization as notice in compliance with Rhode Island General Law § 27-10.2-2, which states that I have the right to have my vehicle repaired with OEM (Original Equipment Manufacturer) parts if my vehicle is currently less than 30 months old.

Additionally, I hereby acknowledge that the insurance company appraisal may not accurately reflect labor rates charged or products and services provided to me by Steingold Collision Center. I hereby authorize Steingold Collision Center to repair my vehicle at its sole discretion; in an effort to use OEM parts where appropriate, and/or higher quality paint and/or materials, and to compensate for the difference in the shops posted labor rate from the insurance company prescribed rates. Steingold Collision Center may make adjustments to the repair as set forth on the insurance appraisal. I further understand that Steingold Collision Center will repair my vehicle to the highest industry safety standards.

X

(Signature of Owner)

Date