KY

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: _____ Date of loss: _____

I authorize(d) _____ to estimate and repair my vehicle, unless it is an economic total loss.
(Repairer)

_____ _____
Vehicle Owner's Signature Date

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 a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

State Farm® insurance policies, applications, forms and required notices are written in English. This document has been translated for your convenience. In the event of any difference in interpretation, the English language version controls.