

# \_\_\_\_\_

# Authorization to Repair / Designated Representative



1-800-427-AMAP (2627)  
www.amapcollision.com

\_\_\_\_ 30-40 Baiting Place Road, Farmingdale NY 11735 NYS REG# R152-2033

\_\_\_\_ 4190 Hempstead Turnpike, Bethpage NY 11714 NYS REG# 7055752RS

Insurance Company: GEICO    Claim# \_\_\_\_\_    DOL \_\_\_\_\_

I \_\_\_\_\_, owner of a (YEAR) \_\_\_\_\_ (MAKE) \_\_\_\_\_

(MODEL) \_\_\_\_\_

(COLOR) \_\_\_\_\_ (PLATE NUMBER) \_\_\_\_\_ appoints AMAP Collision as my Designated Representative as provided by Regulation 64 of the Insurance Department of New York. AMAP Collision is also authorized to act as my agent for the purpose of negotiating on my behalf with GEICO for the cost of the repairs, including damage not listed or visible at the time the initial appraisal was done.

\_\_\_\_\_  
Vehicle Owners Signature

\_\_\_\_\_  
Date

I hereby authorize AMAP Collision to repair my vehicle and order all necessary parts for repair on the above mentioned vehicle.

- In the event the vehicle is not repaired I understand there may be charges, including but not limited to the following: towing, storage, administrative fees, appraisal fees, parts restocking fees, labor charges, legal and recovery fees.
- I authorize the employees of AMAP Collision to operate my vehicle for the purpose of testing the vehicle, delivery of the vehicle or for inspection.
- I understand that any charges not paid by GEICO are my responsibility, including but not limited to the following: towing, deductible, betterments or for any additional work requested. I also understand that those charges are due upon pickup/delivery of vehicle.
- AMAP Collision will not be held responsible for loss or damage to vehicle or articles left in vehicle due to fire, theft, accident or any other cause beyond control.
- I understand AMAP Collision will repair my vehicle as specified in the appraisal written by GEICO and the GEICO appraisal also acts as the repair order for my vehicle.
- Please note: AMAP Collision does NOT save old or damaged vehicle parts unless requested by customer at time of drop off.

\_\_\_\_\_  
Vehicle Owners Signature

\_\_\_\_\_  
Date



# \_\_\_\_\_ **Direction to Pay**



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Insurance Company: GEICO

I \_\_\_\_\_, hereby authorize that direct payment beyond my \$ \_\_\_\_\_ deductible, to be made on my behalf to AMAP Collision for claim# \_\_\_\_\_ and authorize AMAP Collision to endorse my name to any additional checks on the above claim number for deposit on repairs.

\_\_\_\_\_  
Vehicle Owners Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vehicle Owners Phone Number

**PLEASE NOTE:**

- Payment of Deductable is due in full upon Completion of Repairs.
- Payment can be made in Cash, Credit Card or Certified Funds
- Sorry, we do not accept Personal Checks.

