



Nationwide®

ON YOUR SIDE
AUTO REPAIR NETWORK
AUTHORIZATION AND DIRECTION TO PAY

How would you like to be contacted?

Text

Email

Phone

Email Address: _____ Email Address #2 : _____

Cell Phone: _____ Cell Phone #2: _____

VEHICLE OWNER/ LESSEE'S NAME: _____

VEHICLE DESCRIPTION: (YR/Make/Model) _____

VIN# _____

NATIONWIDE CLAIM NUMBER: _____ DATE OF LOSS: _____

Repair Facility: _____

I authorize the above captioned On Your Side Auto Repair Network Repair Facility to estimate and repair my vehicle, unless it is deemed to be a total loss. I also understand that I will be responsible to pay my deductible of \$ _____

(Vehicle Owner/ Lessee's Signature)

(Date)

I certify that this customer was not present upon the arrival of the vehicle and I have received verbal authorization to repair the vehicle. I have also explained the customer's responsibility to pay their \$ _____ deductible upon completion of the repairs. Permission to repair the vehicle was received by _____ on (date) _____.

(Repairer's signature)

ATTENTION CUSTOMER: This section is to be completed only upon inspection of your completed repairs.

I hereby certify that:

- I have received a copy of the initial, all supplemental and final automated repair estimate(s) which have/has been explained to me by the repair facility.
- I have received a copy of the Direct Repair Guarantee.
- I have inspected the vehicle and I am satisfied with the initial repair quality.

I authorize Nationwide to pay the above captioned Direct Repair Facility on my behalf.

Gross Estimate Amount \$ _____

Customer Responsibility (Deductible, etc.) \$ _____

Net Amount Due \$ _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

(Vehicle Owner/Lessee's Signature)

(Date)

I certify that repairs have been completed as indicated on the final automated repair estimate dated: _____

(Repairer's Signature)

(Date)

(Form must be retained in repairer's records for at least seven (7) years or as required by State statute, whichever is shorter.)