



CERTIFICATION OF AUTOMOBILE REPAIRS

Section 167-d(9) of the NEW YORK INSURANCE LAW requires that the following certification be completed and signed by the insured and the automobile repairer. This law also requires submission of the repair invoice (Paid Bill) whenever any repairs are made. The law does not require an insured to repair the automobile as a condition of payment of a loss. This form must be completed and returned to the insurer. A postage paid return envelope has been furnished for your convenience.

CLAIM #: _____

POLICY #: _____

DATE OF ACCIDENT: _____

DEDUCTIBLE: \$ _____

DATE: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who 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.

PART I
TO BE COMPLETED BY THE INSURED:

I, _____ certify, under penalties of perjury, that:
PRINT YOUR NAME

CHECK A OR B

- _____ A. I have not made any repairs to my automobile as a result of this loss.
- _____ B. I have made repairs to my automobile and I have attached a copy of my invoice for repairs to my automobile as a result of the captioned loss.

IMPORTANT NOTICE TO INSURED

IF THIS CERTIFICATION IS NOT COMPLETED AND RETURNED TOGETHER WITH A COPY OF THE ITEMIZED PAID BILL, IT WILL BE ASSUMED THAT YOU DID NOT REPAIR YOUR MOTOR VEHICLE. IF YOU HAVE A SUBSEQUENT LOSS, THE COMPANY MUST, TO THE EXTENT RELEVANT, DEDUCT SUCH UNREPAIRED ITEMS AS PREVIOUS DAMAGE IN SETTLING A FUTURE LOSS. IF YOU DO NOT REPAIR ALL THE DAMAGES ALLOWED BY THE INSURER, SUCH REPAIRS NOT PERFORMED MAY REDUCE YOUR SETTLEMENT OF ANY FUTURE LOSS. THEREFORE, IF AFTER SIGNING THIS CERTIFICATION, YOU REPAIR ANY DAMAGE CAUSED BY THIS ACCIDENT, YOU SHOULD NOTIFY THE COMPANY IMMEDIATELY. THE COMPANY MAY AT THAT TIME ELECT TO INSPECT YOUR AUTOMOBILE.

DATE

SIGNATURE OF INSURED

PART II
TO BE COMPLETED BY THE AUTOMOBILE REPAIRER:

I, Eugene Cortes owner or officer of CLARKSTOWN INT'L COLLISION
PRINT NAME PRINT NAME OF AUTO REPAIR SHOP

Auto Repair Shop Registration Number 7058423
located at 95 Rt 304 Newark, NJ 10954 certify, under penalties of perjury, that
I have made the repairs to the automobile owned by _____
PRINT NAME OF INSURED

As shown on the attached itemized invoice. I further certify that:

- CHECK A OR B A _____ I have repaired all the items allowed by the insurer, or, if not,
- B _____ I have repaired the automobile as described on the attached itemized invoice.

DATE

SIGNATURE OF REPAIRER (Owner or Officer)