

GMAC Insurance

National General Insurance / Integon Insurance / MIC General

Authorization to Repair Vehicle

Claim Number: _____ Vehicle Owner's Name : _____
Loss Date: _____ Vehicle Year and Make: _____
Repair Center: _____ Vehicle Model: _____
Amount: _____

I authorize the above named repair center to repair my vehicle listed above and to collect payment for the repairs from GMAC Insurance.

Signature of Vehicle Owner

Date

For Repair Center to Complete

Date Repairs Started: _____

Days to Repair: _____

Fax to: 1-800-924-0273

Attention: _____