

MAPFRE Insurance CAREZ® Program



Claim #: _____

Date of Loss: _____

Name: _____

Release Authorization and Shop Repair Authorization

I hereby agree to utilize the MAPFRE Insurance CAREZ® Program for the repair of my

_____ at Roche Collision Inc
[Vehicle Information] [Shop Name]

I further agree to allow the CAREZ® Shop and MAPFRE Insurance to electronically expedite the repair process of my vehicle.
(MA - in accordance with Massachusetts Regulation 212 CMR.)

I hereby authorize Roche Collision Inc to repair the above mentioned vehicle. I agree that I
[Shop Name]
will be responsible to pay the above shop my deductible and any betterment assessed to me for the repair of my vehicle.

Direction To Pay

I hereby assign my policy benefits for collision/comprehensive repairs and authorize MAPFRE Insurance to pay

Roche Collision Inc directly for the damages in the amount of \$ _____
[Shop Name]
arising out of the accident on _____
[Date]

Print Name _____

Signature _____

Date _____

Massachusetts CAREZ® Shops

Shop Reg #: 5102

Expiration Date: 05/31/2020

Tax ID #: 843-052-996

MD002(06/17)