

**STATE FARM INSURANCE  
REPAIR AUTHORIZATION AND DIRECTION TO PAY**

Vehicle owner's name: \_\_\_\_\_

Vehicle description: \_\_\_\_\_

Year      Make                      Model                      VIN

State Farm Claim Number: \_\_\_\_\_ Date of loss: \_\_\_\_\_

Deductible amount: \$ \_\_\_\_\_ Date verified: \_\_\_\_\_ By: \_\_\_\_\_  
State Farm Representative

Location: Opeka Auto Repair Company, Inc.  
440 Valley Brook Road  
McMurray, PA 15317

Telephone: 724-941-6608

Fax: 724-941-6693

I authorize(d) Opeka Auto Repair to estimate and repair my vehicle, unless it is an  
(Service First repairer)  
economic total loss.

**X**

\_\_\_\_\_  
Vehicle Owner's Signature

\_\_\_\_\_  
Date

I have received a copy of the initial and final automated repair estimate.

I authorize State Farm to pay Opeka Auto Repair \$ \_\_\_\_\_ on my behalf.  
(Service First repairer)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**X**

\_\_\_\_\_  
Vehicle Owner's Signature

\_\_\_\_\_  
Date

I certify that repairs have been completed as indicated on the final automated repair estimate.

\_\_\_\_\_  
Repairer's signature

\_\_\_\_\_  
Date

Form must be retained in repairer's records for at least 6 months, or as required by State regulations.