Date: [Date]

To: [Insurance Company Name]
Claim Number: [Claim Number]
Policy Number: [Policy Number]

Subject: Authorization for Vehicle Repairs

To Whom It May Concern,

I, [Your Full Name], hereby authorize **[Repair Shop Name]**, located at [Repair Shop Address], to perform all necessary repairs on my vehicle described below:

- **Year:** [Year]
- **Make:** [Make]
- **Model:** [Model]
- **VIN:** [Vehicle Identification Number]

I authorize [Repair Shop Name] to negotiate the cost of repairs with [Insurance Company Name] and to receive direct payment for all covered repair expenses related to this claim.

I also grant permission for the repair shop employees to operate my vehicle for the purposes of testing, inspection, or delivery.

Please contact me at [Your Phone Number] or [Your Email] if you require further information.

Sincerely,

_____
[Your Signature]

[Your Printed Name]