Date: [Date]

To: [Repair Facility Name]
Address: [Repair Facility Address]
Attn: [Service Advisor/Manager Name]

Subject: Supplemental Repair Authorization

Vehicle Information:
Year/Make/Model: [Year] [Make] [Model]
VIN: [Vehicle Identification Number]
Claim Number: [Insurance Claim Number, if applicable]

Dear [Service Advisor Name],

I am writing to formally authorize the supplemental repairs identified during the teardown or ongoing repair process of the vehicle listed above. These additional repairs were not included in the original estimate dated [Original Estimate Date].

Description of Supplemental Repairs:
[Briefly describe the additional parts or labor needed]

Authorized Supplemental Amount: $[Amount]
New Total Estimated Cost: $[Total Amount]

I understand that these additional repairs are necessary to restore the vehicle to its pre-accident condition and safety standards. Please proceed with the necessary work immediately.

If there are further changes to the scope of work or the cost exceeds the amount authorized above, please contact me at [Phone Number] or [Email Address] before proceeding.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]