

LIBERTY MUTUAL

The freedom of Liberty

Direction of Payment

CLAIM NUMBER: _____

INSURED NAME: _____

CLAIMANT NAME: _____

I authorize Liberty Mutual Insurance company to make payment, on my behalf, directly to:

REPAIRER NAME: OPEKA AUTO REPAIR COMPANY, INC.

REPAIRER ADDRESS: 440 VALLEY BROOK ROAD

CITY, STATE, ZIP: McMURRAY, PA 15317

FEDERAL TAX I.D.:

STATE TAX I.D.:

For any approved damage repairs for which I am entitled to be compensated, resulting from the above captioned claim.

I agree to permit Liberty Mutual, or its authorized representative, access to inspect the completed repairs for verification of any supplemental repair charges upon their request.

Liberty Mutual retains the right to verify all losses prior to issuing payments.

Printed Name: **X** _____ Date: **X** _____

Signature: **X** _____

Liberty Mutual Insurance – Personal Market Claims

625 Cherrington Parkway – Coraopolis, PA 15108-3187 – Phone (800) 896-7222 – Fax (724-654-6392)