

VEHICLE DAMAGE INSURANCE ELECTION FORM

Insured:	Date:
Year:	Insurer:
Make:	
Model:	Claim Number:
Submodel:	
VIN:	Policy Number:

As your Insured under an insurance policy issued by you, I am demanding that you inform me which method of resolving my claim you are electing as identified in the insurance policy at issue:

Paying for the damage in money

Electing to repair

(Check only one box)

If you have identified that you are electing to repair, you acknowledge that insurer is equally liable for the quality and propriety of the repair as is the repairer.

By allowing the signing individual to respond to this demand for information regarding the handling of this claim, insurer acknowledges that this representative has the power and authority to bind insurer to this election. **I am relying on the representation that my insurer's representative has the proper authority to elect a remedy and bind my insurer to this election.**

Signed and Authorized: _____
(Insurer Company)

By: _____
(Signer's Name)

(Signer's Printed Name)

Its: _____
(Representative's Position with Insurer)

(Date)