

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

State License # _____

ASSIGNMENT OF PROCEEDS OF A CLAIM FOR DAMAGES

Agreement made this _____ day of _____ 200__ by and between

_____ (“Repair Shop”) and

_____ (“Customer”)

Recitals

1. Customer owns the Vehicle described below;
2. The Vehicle owned by the Customer was damaged in an accident which Customer contends was caused by and is the fault of _____ (the “Tortfeasor”).
3. It is the understanding of the Customer that the Tortfeasor was insured at the time of the accident by _____ (the “Insurance Company”).
4. Customer authorized the Repair Shop to repair all damage to the Vehicle caused by the accident and acknowledges that the total cost of the repairs was \$ _____;
5. Customer acknowledges that all requested or required repairs have been completed to the Customer’s satisfaction and the Vehicle has been released to the Customer
6. Customer has submitted an auto property damage claim seeking payment from the Tortfeasor and or the Insurance Company, but Customer understands that the Tortfeasor and or his or her Insurance Company have failed or refused to pay for the total cost of the Repairs.

Now therefore, in consideration of the work performed and the agreement of the Repair Shop to release the Vehicle to the Customer without full payment having been made and for other good and valuable consideration received, the Customer hereby assigns, sells and transfers to the Repair Shop, all proceeds of claims and rights of claim, demands, and cause or causes of action of any kind whatsoever which the Customer has or may have against the Tortfeasor. As the assignee of the Claim, the Repair Shop shall be authorized to prosecute, collect, settle, compromise and grant releases on the claim in its name and as it deems advisable in its sole and absolute discretion.

Customer further agrees to fully cooperate with the Repair Shop in connection with the prosecution of the claim which has been assigned herein, to provide all police reports or other documents required by the Repair Shop to prosecute the claim and to appear and testify at a deposition or in Court if requested by the Repair Shop.

Description of Vehicle _____

Date of Loss: _____

Name & Address of Tortfeasor _____

Name of Tortfeasor’s Insurance Company _____

Policy Number _____

Claim Number: _____

Signed: _____

Signed under seal this ____ day of _____, 20 ____.