



**High Point**

# Direction Of Payment



**Teachers' Insurance Plan of NJ**

Special rates for a special class of people

Claim Number: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Vehicle Year and Make: \_\_\_\_\_

Referencing the above captioned claim, I (we) have received a complete copy of the itemized repair estimate indicating all work performed and the costs.

Furthermore, I (we) authorize payment, on my behalf, directly to the repair shop, namely;  
GRP Shop Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the above captioned vehicle has been repaired to it's pre-loss condition relative to safety, function and appearance, in accordance with the submitted repairs itemization.

GRP Shop Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original Estimate :	_____
Supplement # 1 :	_____
Supplement #2 :	_____
Deductible :	_____
Net Amount To be Paid By High Point:	_____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.