



MAPS Direction to Pay Form

Masterpiece Auto Preference Service

Claim Number: _____

Vehicle Owner: _____

Repair Facility: Metro Auto Rebuild

Type of Vehicle: _____

I, _____ authorize that repairs be completed to my vehicle by _____ MAPS Repair Shop.

I have received a copy of the repair estimate and request that payment for all repair costs, minus applicable deductions, be made directly to the MAPS Repair Shop on my behalf.

X _____
Vehicle Owner Signature

Date

Note: Chubb guarantees the quality of the workmanship of all repairs performed by this Chubb Select Repair Shop as a result of the above referenced loss, for as long as you own or lease your vehicle. This guarantee is not transferable to any other person (s) or vehicle (s).