



# MAPS Direction to Pay Form

Masterpiece Auto Preference Service

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

**Vehicle Owner:** \_\_\_\_\_

**Repair Facility:** \_\_\_\_\_

**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).**