

AB&AB, Inc. dba Dayas Custom Auto
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Federal Tax I.D.# 200042934
www.dayas.com

Authorization to estimate, negotiate, repair vehicle and company policies

This form cannot be filled out, initialed or signed electronically

AB & AB, Inc. dba Dayas Custom Auto hereinafter referenced as “Daya’s”

Self pay: An insurance claim cannot be made after this point. The individual listed on Daya’s estimate must fill out this form and be the vehicle owner. If the vehicle is under a business, please inform us now. We are unable to change names later. Payment will only be accepted by the individual and persons listed on the estimate.

Insurance claim: The individual listed on the insurance estimate must fill out this form and other documents. Daya’s does not have any control over who is listed on the insurance estimate. You will need to contact the insurance company directly if there are any issues.

Circle one: Insurance claim (fill out below) OR Self pay (skip to Client/Vehicle Info)

Insurance Co. Name _____

Claim# _____

Insurance Co. Contact _____

Client / Vehicle Information

Client Name _____ Date _____

Cell Phone _____ Business Phone _____

Email _____

Address _____ Zip _____

Vehicle Year _____ Make _____ Model _____ Color _____

AUTHORIZATION. I hereby authorize the repairs to my vehicle including the necessary materials and sublet work. This includes, but not limited to, the estimate, disassembly, and the test driving of the vehicle. Daya's may operate my vehicle for the purpose of testing, inspections, and delivery at my risk. The repair facility is not responsible for damage caused by theft, fire, or acts of nature. **Initials** _____

VEHICLE REMOVAL FEE. If I cancel the repairs and / or remove my vehicle for any reason prior to completion of repairs, I agree to pay any and all incurred charges including, but not limited to, an administration fee (\$250 min.), parts ordered and/or installed, parts restock fee, repair processing fee (subject to determination), any in process work performed, disassembly fee, reassembly fee, tow bill, vehicle cover, interior cover and storage fee (\$100/day max.). Addl charges may apply. **Initials** _____

PERSONAL ITEMS. Daya's assumes no responsibility for **any and all** items left in the vehicle. This includes, but is not limited to, personal electronic devices, radar detectors, CD's, tapes, iPod, E-pass, mobile navigation units, DVD's, headphones, speakers, stereo systems, etc. **Initials** _____

GAS. Please make sure gas is filled to at least a quarter of a tank prior to dropping the vehicle off for repairs to avoid charges. This does not apply for any electric vehicles. **Initials** _____

TIME. Collision repair is unlike vehicle maintenance or mechanical service work so it's extremely difficult to estimate the exact downtime. There are many variables including, but not limited to insurance claim approval, weather, current shop work flow, parts availability, materials availability, dealer diagnostics, final insurance paperwork and payment processing. Our focus is on quality repairs and not the insurance company's guidelines for cycle time or down time. Sometimes there is hidden damage not found at the time of the original estimate. Should this be the case, all work must stop until the insurance company has had the opportunity to verify the newly found damage. **Initials** _____

RENTAL. Daya's does not have control over what the insurance allocates for your rental coverage.

Unfortunately, the insurance company feels repairs should be done as quickly as possible with no regard to quality. If you are an insured, you will typically only have approximately 30 days of rental coverage.

Daya's is not responsible for any rental charges incurred. Initials _____

BILLING. All payments must be accounted for prior to releasing the vehicle to you. At the end of the repairs, all insurance companies have the right to re-inspect the vehicle and verify the bill before payment is made. The insurance company will process payment for your claim and deliver the necessary documents and/or checks at their own convenience. Again, it is difficult to say how long this process will take. Due to this, the day your vehicle is finished and the day that it is ready for pick up may not be the same day if you are relying on the insurance company for payment. Initials _____

FAILURE TO TAKE DELIVERY. Notification will be given by phone and/or email when the repair is completed. If, within 3 days after having been notified that your vehicle is ready for delivery, you do not pick up your vehicle and pay in full, and if you have not obtained a written or verbal agreement from Daya's to keep your vehicle for additional time, your vehicle will be placed in storage at a minimum of \$100 per day. To offset costs for insurance and security, interest will be charged on the full bill at current bank lending rate. Initials _____

ASSIGNMENT OF BENEFITS. I hereby authorize the insurance company to pay direct, and in the name of the same, all approved supplement payments resulting from my loss. I hereby authorize Daya's to sign any drafts or documents on my behalf for the additional repairs, if need be. Initials _____

Insurance Co. _____ **Claim#** _____

PAYMENT. Please contact Daya's regarding payment **BEFORE** you pick up your vehicle. All charges for repairs must be paid at the time of delivery. The typical payment is a cashier's check. **We do not accept any forms of plastic, credit cards, debit cards, ATM cards, credit card checks, starter checks or 3rd party payments.** Personal checks are accepted up to \$500.00 and business checks up to \$1000.00. These checks must be drawn from a local bank and you will need a Florida driver's license. It is your responsibility to obtain all necessary signatures submitted for payment. A deposit may be required depending on the circumstances.

Insurance claims: At all times, you are liable for the entire repair bill and any part thereof that is not paid by the insurance company. If the initial insurance check is payable to **your name only**, you will need to deposit the check and provide all funds, including your deductible and other charges if applicable, in the form of cash or preferably a cashier's check. If the insurance check is payable to Daya's and yourself only you can endorse the check over to Daya's. **Initials _____**

Please **CHECK ONE** of the statements below. If you are making an insurance claim, please check the **1st option ONLY**. I understand that, under state law, I am entitled to a written estimate if my final bill will exceed \$100.

I authorize the Insurance company to negotiate repairs (**check this option if Insurance claim**)

I request a written estimate.

I do not request a written estimate as long as the repairs costs do not exceed \$_____. The shop may not exceed this amount without my written or oral approval.

I do not request a written estimate.

I acknowledge that I am liable for the entire repair bill and I agree to pay reasonable costs and attorney's fees in the event legal action is required to enforce the terms herein.

Signature (no electronic signatures) _____

Print Name _____ Date _____

Please fax to (407) 781-1418, scan or email to FrontDeskSouth@dayas.com or return by mail

PHOTO IMAGES OF DOCUMENTS WILL NOT BE ACCEPTED