



Total Liberty Care Program

Direction of Payment

Claim Number

Insured Name

Claimant Name
(if different from Insured)

I authorize Liberty Mutual Insurance Company to make payment, on my behalf, directly to

Repairer Name

Repairer Address

City, State, Zip

Tax ID Number

CAR Collision Center
7399B Ward Park Lane
Springfield, Va 22153
41-2235434

for any authorized repairs, and for which I am entitled to be compensated, resulting from the above captioned claim.

Printed Name Date

Signature