

Name
Address
City, State Zip

THIS FORM MUST BE COMPLETED AND RETURNED TO PROCESS YOUR CLAIM

Veh. Yr./Make/Model _____

Claim or Policy # _____ Date of Loss _____

WRITTEN NOTICE

In accordance with IND CODE 27-4-1.5-1, et seq., you have the right to approve the type of body parts to be used in the repair of the motor vehicle described above. This form constitutes written notice that you may select from the following types of body parts:

- A. New body parts manufactured by or for the manufacturer of the motor vehicle;
- B. New body parts that were not manufactured by or for the manufacturer of the motor vehicle; and
- C. Used body parts

BODY PARTS APPROVAL/SELECTION

In accordance with IND CODE 27-4-1.5-1, et seq., you have the opportunity to indicate, in writing, the type of body parts that you approve for use in the repair of the described motor vehicle. To make your approval, select one of the types of body parts listed on this form and return in the enclosed self-addressed, stamped envelope.

I have received notice from the insurer listed below of my right to approve, from the list below, the type of body parts to be used in the repair of the described motor vehicle. I hereby approve and select by my written endorsement the following type of body parts to be used in the repair of the described motor vehicle.

- A. New body parts manufactured by or for the manufacturer of the motor vehicle.

Signature _____ Date _____

- B. New body parts that were not manufactured by or for the manufacturer of the motor vehicle.

Signature _____ Date _____

- C. Used body parts.

Signature _____ Date _____

This form must be received by our office within 20 days of the date noted below. If we do not receive your approval/selection in writing on or before 20 days from the date below, we may select the type of body parts to be used in the repair of the described vehicle.

Dated 6/5/03

Return to:

Indiana Farmers Mutual Insurance Group
P. O. Box 527
Indianapolis, Indiana 46206

92-037 (11/92)