



Phone: 1-604-323-3770
Website: www.eyecollisionrepairs.ca

EYE ON COLLISION REPAIRS

MONITORING AUTHORIZATION

Date_____.

I _____ the owner of the _____ license plate number _____. Authorize Eye on collision Repairs or one of it's representatives to monitor the repairs of my vehicle during the repair process at_____.

I understand they are licensed and covered by the Workers Compensation Board to perform these services. During the repair process, Eye on Collision Repairs will monitor and record information only. They will not direct or guide any of the repair operations or procedures performed by the technicians or the representatives of the repair facility. Eye on collision Repairs will advise only myself on repair operations and procedures they feel will effect the quality of repair, safety, function, value, and appearance of my vehicle. They will work with the repair facility during the repair monitoring as not to impede the repair process. They will communicate with the insurance company's representative during the repair process to ensure my policy coverage's are being adhered to.

Owner's Signature _____.

Bodyshop's Representative_____.

Eye on Collision Repairs Representative_____.