## **ANTI-STEERING LETTER**

| Date  | Time (if faxed)   | am/pm   |     |
|---|---|---|-----|
|   | Insurance Co.   |   |     |
|   |   |   |     |
| Attn: Customer Serv   | rice Dept.  |   |     |
| It is my request that damaged vehicle, a                            | (year)  | Body Shop repair my collision (model) with a VIN# of  |     |
| use one of "your sho  | pp(s)" However,   | you have indicated that you prefer me toBody Shop.  | )   |
| shop as they too gua<br>earned my business.<br>agree to using "your | rantee their work, they are Please supply me with you shop" for repairs. Also, I was factorily repair my vehicle, | ur shops" work. I would prefer to use my closer to where I live, and they have r written guarantee of the repairs should will require a letter that states if "your that you will agree to pay my shop to |     |
| deductible responsible repairs, I do not wish ("your shop"), a sho  | oility of \$<br>on to spend my deductible at<br>p which I am not familiar w                                       | repairs for my vehicle, and with my own towards the payment of these needed Body Shop with. Please show me in my policy where by limit any payment according to another street and the street street.     | e I |
|   | nptly to this request as I hop<br>prompt and professional att   | be to expedite repairs immediately. Than ention to this matter.   | k   |
| Sincerely,  |   |   |     |
| Cc: Insurance Comr  | nissioner   |   |     |