Towing Letter

Date	Time (if faxed)	am/pm
	Insurance Co.	
Attn: Customer S	Service Dept.	
with a VIN# of _ to \$	praisal of my vehicle, a while actual costs were invoi more than you allow.	
than the deductibe and other costs, leading of the results of the	ole my policy specifies. If I have to pay my deducible turned to me. Please tell me exwing and other costs. If you can	ar to preloss condition at no more cost other we to pay more than you allow for towing e of \$ before xactly where my policy says you may limit in't, please authorize the full costs of,
shop of my choice guarantee their we they are closer to your written guar will require a lett	ce. You have also indicated that york. I would prefer to use my where I live, and they have earantee of the repairs should I as	more to have my vehicle towed to the at "your shop" is closer, and/or that you shop as they too guarantee their work, arned my business. Please supply me with gree to using this shop for repairs. Also, I be not satisfactorily repair my vehicle, the vehicle satisfactorily.
restrict payment, stating that	I shall report this incident to M Insurance Company i	how me where my policy says you may Michigan's Department of Insurance, isn't honoring its promise to restore my an the deductible as called for in the policy.
I look forward to possible.	your prompt response; I'd like	e my vehicle repaired as quickly as
Sincerely,		
Cc: Insurance Co	ommissioner	