



DATE OF NOTICE: \_\_\_\_\_

In conformance with Indiana Code Section 27-4-1.5-8, I have been informed by this written notice that I have the right to approve the type of body parts to be used in the repair of my motor vehicle(s). I understand that I have the following three options for body parts to be used in the repair of my vehicle:

1. New body parts manufactured by or for the manufacturer of the motor vehicle;
2. New body parts that were not manufactured by or for the manufacturer of the motor vehicle; or
3. Used body parts.

After considering these choices, I have selected and approve the body parts specified in this estimate.

I understand that I must contact my insurance company of my parts choice. Failure to do so may result in additional expenses to me.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date