

**View Claim Summary - File Number: 07022013-1000012**[GO BACK](#)**Claim Summary been saved successfully...****Property Damage Specialist**P.O. Box 2002, Indio
California, United States
92202

Claim Information

Claim Number : CO13010815
Policy Number :
Insurance Company : Robert Moreno Insurance
Adjuster : Joe Santos
Date of Loss : 2013-05-06
Whose Claim : Insured
Owner Name : EDUARDO NAVARRETTE
Insured Name : EDUARDO NAVARRETTE
Claimant Name :
Inspection Location : RESIDENCE

Appraisal Information

File Number : 07022013-1000012
Appraiser : Tony Nguyen
Reinspector : Not Assigned
Loss Type : Collision
Inspection Date : 2013-07-06
Assigned Date/Time :
Assignment Type : Full Appraisal
ERT (Days) :
Possible Supplement :

Vehicle Information

Year : 2006
Make : Ford
Model : F150
Sub-model : SUPER
VIN : 1FTPX1254KB30028
Plate : 7Z53160

State : California
Milage : 74446
Drivable : Yes
Primary POI : NONE
Secondary POI :
Vehicle Condition :
Interior Condition :
Paint Condition :
Engine :

Repair Information

Recommendation : Repairable
Estimate 1 Total : 0.00
Estimate 2 Total : 0.00
Estimate 1 Betterment : 0.00
Estimate 2 Betterment : 0.00
Supplement 1 Total : 0.00
Supplement 1 Betterment : 0.00
Supplement 2 Total : 0.00
Supplement 2 Betterment : 0.00
Supplement 3 Total : 0.00
Supplement 3 Betterment : 0.00
Supplement 4 Total : 0.00
Supplement 4 Betterment : 0.00
Subtotal : 0.00
Deductible : 0.00
Original Net Loss : 0.00
Gross Total : 0
Supplement Net Loss : 0.00

Tire Information

Make :
Size :
Tired Depth (in 32nds)
L/F R/F
L/R R/R
Spare :

Shop Information

Shop Name :

Address 1 :

Address 2 :

City :

State :

Zip :

Phone Number :

Fax :

Agreed Price :

Federal Tax ID # :

Miscellaneous

Towing Charges :

Storage Per Day :

Days :

Approximate Total :

Rental Vehicle : Unknown

Total Rental Potential Cost :

Actual Rental Days :

Actual Rental Amount :

Style :

Claim Remarks

COMPLETED INSPECTION & ESTIMATE OF INSURED VEHICLE AT RESIDENCE IN PERRIS ON 7/6/13. INSURED WAS PRESENT & POINTED OUT NO DAMAGE FROM COLLISION DAMAGE. INSURED STATED THERE WAS NO IMPACT TO RIGHT SIDE AND THAT HE WAS UNAWARE OF ANY INCIDENT ON THIS DATE OF LOSS. PLEASE CALL IF YOU HAVE ANY QUESTIONS TONY NGUYEN 714-757-0906

Date: 7/9/2013 12:38 AM
Estimate ID: CO13010815
Estimate Version: 0
Preliminary
Profile ID: PDS

FOR SUPPLEMENTS CALL RICH PEREA 760-275-6795

PROPERTY DAMAGE SPECIALIST

PO BOX 2002, INDIO, CA 92202
(760) 275-6795
Fax: (760) 863-5349

Damage Assessed By: TONY NGUYEN

Appraised For: JOE SANTOS / JCS RMIS
(714) 738-1383 ext. 2284

ROBERT MORENO INS
(714) 738-1383

Condition Code: Good
Date of Loss: 5/6/2013
Deductible: 500.00
File Number: CO13010815
Claim Number: CO13010815

Type of Loss: Property Damage

Insured: EDUARDO NAVARRETTE
Owner: EDUARDO NAVARRETTE
Address: 222309 DEPRAD ST, PERRIS, CA 92570
Telephone: Home Phone: (951) 657-7317

Mitchell Service: 910158

Description: 2006 Ford Pickup F150 XLT
Body Style: 4D PkUpXCb 7' Bed 145" WB
VIN: 1FTPX12546KB30028
Mileage: 74,446
OEM/ALT: A
Color: WHITE
Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING
MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, ANTI-LOCK BRAKE SYS.
CHROME WHEELS, FRONT AIR DAM, TINTED GLASS, ANTI-THEFT SYSTEM
AUTOMATIC HEADLIGHTS, AM/FM STEREO CD, FRONT SPLIT BENCH SEAT
KEYLESS ENTRY SYSTEM, POWER DISC BRAKES, STEERING WHEEL MOUNTED CONTROLS

Vehicle Production Date: 10/05
Drive Train: 5.4L Inj 8 Cyl 2WD
License: 7Z53160 CA
Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	900500	BDY *	ADD'L LABOR OP	NO DAMAGE	Existing		0.0*

* - Judgment Item

ESTIMATE RECALL NUMBER: 07/09/2013 00:38:25 CO13010815

Mitchell Data Version: OEM: JUN_13_V

MAPP:JUN_13_V

Software Version: 7.0.486

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Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Labor Summary	0.0				0.00	Total Replacement Parts Amount	0.00
III. Additional Costs					Amount	IV. Adjustments	Amount
Total Additional Costs					0.00	Insurance Deductible	500.00-
						Subtotal of Adjustments Exceeds Gross Total	
						Customer Responsibility	0.00
						I. Total Labor:	0.00
						II. Total Replacement Parts:	0.00
						III. Total Additional Costs:	0.00
						Gross Total:	0.00
						IV. Total Adjustments:	0.00
						Net Total:	0.00

This is a preliminary estimate.

Additional changes to the estimate may be required for the actual repair.

Point(s) of Impact

3 Right Side (P)

Inspection Site: RESIDENCE
 Address: 22239 DEPRAD ST
 PERRIS, CA 9258-
 Inspection Date: 7/6/2013

COLLECT ALL FROM OWNER

***THIS IS NOT AN AUTHORIZATION FOR REPAIR OR
 GUARANTEE OF PAYMENT.***

***ANY DAMAGE NOT ON THIS ESTIMATE MUST BE
 REINSPECTED PRIOR TO REPAIR BY THE APPRAISER
 FAILURE TO HAVE REINSPECTION WILL RESULT IN
 NON-PAYMENT!!!!!!!!***

***COPY OF THIS APPRAISAL/SUPPLEMENT ONLY IS *NOT* AN ACCEPTANCE OF
 COVERAGE OR LIABILITY. ALL ISSUES OF COVERAGE OR LIABILITY ARE TO BE
 DETERMINED BY ROBERT MORENO INSURANCE COMPANY.
 THIS ESTIMATE/SUPPLEMENT IS SUBJECT TO AUDIT AND REVISION BY ROBERT
 MORENO INSURANCE COMPANY.

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Estimate ID: CO13010815
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Pursuant to California Code of Regulations Section 2695.8(g)
The insurance company named on this damage estimate warrants that all
non-original equipment replacement parts listed herein are of like,
kind, quality, safety, fit and performance as original equipment
manufacturer replacement crash parts.

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