

 **View Claim Summary - File Number: 07022013-1000013**

GO BACK

Claim Summary been saved successfully...



Property Damage Specialist
P.O. Box 2002, Indio
California, United States
92202

Claim Information

Claim Number : CO13010851
Policy Number :
Insurance Company : Robert Moreno Insurance
Adjuster : Josh Turner
Date of Loss : 2013-06-30
Whose Claim : Insured
Owner Name : DESTINY RAVON WELLS
Insured Name : DESTINY RAVON WELLS
Claimant Name :
Inspection Location : RESIDENCE

Appraisal Information

File Number : 07022013-1000013
Appraiser : Tony Nguyen
Reinspector : Not Assigned
Loss Type : Comprehensive
Inspection Date : 2013-07-03
Assigned Date/Time :
Assignment Type : Full Appraisal
ERT (Days) :
Possible Supplement : REAR REBAR AND BODY PANEL

Vehicle Information

Year : 2008
Make : Dodge
Model : Caliber
Sub-model : SE
VIN : 1B3HB28B18D648080
Plate : 6BWN786

State : California
Milage : 79655
Drivable : Yes
Primary POI : REAR
Secondary POI :
Vehicle Condition : Good
Interior Condition :
Paint Condition :
Engine :

Repair Information

Recommendation : Repairable
Estimate 1 Total : 1641.79
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 : 1641.79
Deductible : 500.00
Original Net Loss : 1141.79
Gross Total : 1641.79
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 THE SCENE OF ACCIDENT IN HEMET ON 7/03/13. INSURED WAS PRESENT & POINTED OUT REAR END DAMAEG AS VANDALISM DAMAGE. SHE DIDN'T HAVE A CHOICE OF SHOP AT TIME OF INSPECTION. ESTIMATE WRITTEN AT AREAS PREVAILING RATES USING AVAILABLE RECOND & LKQ PARTS. APPROXIMATE REPAIR TIME IS 4 DAYS. REAR INNER-STRUCTURE IS AN OPEN ITEM AREA PENDING TEAR-DOWN. PLEASE CALL IF YOU HAVE ANY QUESTIONS TONY NGUYEN 714-757-0906

Date: 7/5/2013 12:07 PM
Estimate ID: CO13010851
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: JOSH TURNER
(714) 738-1383 ext. 2205

ROBERT MORENO INS
(714) 738-1383

Condition Code: Good
Date of Loss: 6/30/2013
Deductible: 500.00
File Number: CO13010851
Claim Number: CO13010851

Type of Loss: Property Damage

Insured: DESTINY RAVON WELLS
Owner: DESTINY RAVON WELLS
Address: 1724 BEACON CT, SAN JACINTO, CA 92582
Telephone: Home Phone: (951) 570-0129

Mitchell Service: 910659

Description: 2008 Dodge Caliber SE
Body Style: 4D Wgn
VIN: 1B3HB28B18D648080
Mileage: 79,655
OEM/ALT: A
Color: GREY
Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER STEERING, REAR WINDOW DEFOGGER
TILT STEERING COLUMN, FOG LIGHTS, AUXILIARY INPUT, FRONT AIR DAM, TINTED GLASS
ANTI-THEFT SYSTEM, SIDE HEAD CURTAIN AIRBAGS, AM/FM STEREO CD
FRONT BUCKET SEATS, REAR SPOILER, REAR WINDOW WIPER

Vehicle Production Date: 1/08
Drive Train: 2.0L Inj 4 Cyl A FWD
License: 6BWN786 CA
Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	001144	BDY	REPAIR	Liftgate Shell	Existing		2.0* #
2	AUTO	REF	REFINISH	Liftgate Outside			C 2.6
3				INCL STRIP PAINT			
4	002385	BDY	REMOVE/REPLACE	Liftgate Adhesive Emblem	5191814AA	45.60	0.2
5	002388	BDY	REMOVE/REPLACE	Liftgate Adhesive Nameplate	5116022AA	62.95	0.2
6	001453	BDY	REMOVE/INSTALL	Liftgate Trim Panel			0.6 #
7	002502	BDY	REMOVE/REPLACE	R Rear Combination Lamp	Qual Recycled Part	75.00 *	0.3 r
8				@ number one auto 909-888-0992			
9				Line Markup %20.00		15.00	
10	002733	BDY	REMOVE/REPLACE	R License Lamp Lens	5191810AA	12.00	0.2 #
11	AUTO	BDY	OVERHAUL	Rear Bumper Cover Assy			2.0 #

ESTIMATE RECALL NUMBER: 07/05/2013 12:07:52 CO13010851

Mitchell Data Version: OEM: JUN_13_V

MAPP:JUN_13_V

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Date: 7/5/2013 12:07 PM
 Estimate ID: CO13010851
 Estimate Version: 0
 Preliminary
 Profile ID: * PDS
 Remanufactured 378.00 * INC #
 C 3.2

12	002980	BDY	REMOVE/REPLACE	Rear Bumper Cover
13	AUTO	REF	REFINISH	Rear Bumper Cover
14				exchn @ Keystone 800-421-7866
15	001013	BDY	REMOVE/REPLACE	Rear Bumper Impact Absorber
16	AUTO	REF	ADD'L OPR	Clear Coat
17	933003	BDY *	ADD'L OPR	Tint Color
18	933018	BDY *	ADD'L OPR	Mask For Overspray
19	900500	BDY *	ADD'L LABOR OP	ROPE BACK GLASS
20	AUTO		ADD'L COST	Paint/Materials

68002101AB	110.00	INC
	1.7	
	0.5*	
	5.00	*
** QUAL REPL PART	2.00	* 0.3*
	240.00	*

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary			
Units	Rate	Add'l Labor Amount	Sublet Amount	Totals		Amount			
Body	6.3	45.00	5.00	0.00	288.50	Taxable Parts			685.55
Refinish	7.5	45.00	0.00	0.00	337.50	Parts Adjustments			15.00
Non-Taxable Labor					626.00	Sales Tax @ 8.000%			56.04
Labor Summary	13.8				626.00	Total Replacement Parts Amount			756.59
III. Additional Costs						IV. Adjustments			
Amount						Amount			
Taxable Costs					240.00	Insurance Deductible			500.00-
Sales Tax @ 8.000%					19.20	Customer Responsibility			500.00-
Total Additional Costs					259.20				
Paint Material Method: Rates Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00									
						I. Total Labor:			626.00
						II. Total Replacement Parts:			756.59
						III. Total Additional Costs:			259.20
						Gross Total:			1,641.79
						IV. Total Adjustments:			500.00-
						Net Total:			1,141.79

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

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Point(s) of Impact

6 Rear Center (P)

Inspection Site: ACCIDENT SCENE
Address: 311 RUBY AVE
HEMET, CA 92544
Inspection Date: 7/3/2013

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.

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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