

 **View Claim Summary - File Number: 07022013-1000010**

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

## Claim Information

Claim Number : CO13010873  
Policy Number :  
Insurance Company : Robert Moreno Insurance  
Adjuster : Preston Hobbs  
Date of Loss : 2013-06-25  
Whose Claim : Insured  
Owner Name : JAMES NORMAN UDELL  
Insured Name : JAMES NORMAN UDELL  
Claimant Name :  
Inspection Location : RESIDENCE

## Appraisal Information

File Number : 07022013-1000010  
Appraiser : Cu Tran  
Reinspector : Not Assigned  
Loss Type : Comprehensive  
Inspection Date : 2013-07-08  
Assigned Date/Time :  
Assignment Type : Full Appraisal  
ERT (Days) : 1  
Possible Supplement :

## Vehicle Information

Year : 2010  
Make : Suzuki  
Model : SX4  
Sub-model : LE  
VIN : JS2YC5A20A6302058  
Plate : 6XKP122  
State : California  
Milage : 77354  
Drivable : Yes

Primary POI :  
Secondary POI :  
Vehicle Condition : Fair  
Interior Condition :  
Paint Condition :  
Engine :

## Repair Information

Recommendation :	Repairable
Estimate 1 Total :	351.81
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 :	351.81
Deductible :	975.00
Original Net Loss :	0.00
Gross Total :	351.81
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 :      NO SHOP CHOICE  
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

Inspected vehicle at insured's residence in Stockton Ca. on 07/08/2013. Insured pointed out damage to the right front pillar glass (quarter glass per database). Only his mobile cellular phone was taken. Insured was unable to provide repair facility choice at time of inspection, utilized local average rates for this report. Insured was unable to locate vehicle registration for photos at time of inspection. Damage estimate and photos attached for your review and handling. THANK YOU

Date: 7/ 8/2013 07:54 PM  
Estimate ID: 9716  
Estimate Version: 0  
Profile ID: PDS

FOR SUPPLEMENTS CALL RICH PEREA (760)275-6795 or E-mail: pds9593 @  
verizon.net

## PROPERTY DAMAGE SPECIALIST

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

Damage Assessed By: CU TRAN

Appraised For: ROBERT MORENO INS. / PRESTON HOBBS  
(714) 738-1383 ext. 2330

Condition Code: Good  
Date of Loss: 6/25/2013  
Contact Date: 7/ 2/2013  
Deductible: 975.00  
Claim Number: CO13010873

Type of Loss: Comprehensive (Spec)

Insured: JAMES NORMAN UDELL  
Address: 1640 TYROL LANE APT # 37, STOCKTON, CA 95207  
Telephone: Home Phone: (510) 485-4646

Mitchell Service: 910957

Description: 2010 Suzuki SX4 LE  
Body Style: 4D Sed  
VIN: JS2YC5A20A6302058  
Mileage: 77,354  
OEM/ALT: A  
Color: BLUE MET  
Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING  
REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, TILT STEERING COLUMN  
ANTI-LOCK BRAKE SYS., POWER ADJUSTABLE EXTERIOR MIRROR, TINTED GLASS  
TRIP COMPUTER, SIDE AIRBAGS, SIDE HEAD CURTAIN AIRBAGS, DAYTIME RUNNING LIGHTS  
AM/FM STEREO CD/MP3 PLAYER, FRONT BUCKET SEATS

Vehicle Production Date: 10/09  
Drive Train: 2.0L Inj 4 Cyl 6M FWD  
License: 6XKS122 CA  
Search Code: C641223

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
				<u>Quarter Glass</u>			
1	001134	GLS	REMOVE/REPLACE	R Qtr Glass Stationary	84580-80J00	233.88	1.4 #

# - Labor Note Applies

ESTIMATE RECALL NUMBER: 07/08/2013 19:54:08 9716

Mitchell Data Version: OEM: APR\_13\_V

Software Version: MAPP:APR\_13\_V

7.0.485

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Page 1 of 2

## Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary			
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				Amount
Glass	1.4	70.00	0.00	0.00	98.00	Taxable Parts			233.88
						Sales Tax	@	8.250%	19.30
						Total Replacement Parts Amount			253.18
Labor Summary	1.4				98.00				
III. Additional Costs						IV. Adjustments			
					Amount				Amount
Total Additional Costs					0.00	Insurance Deductible			975.00-
						Subtotal of Adjustments Exceeds Gross Total			
						Customer Responsibility			351.18-
						I. Total Labor:			98.00
						II. Total Replacement Parts:			253.18
						III. Total Additional Costs:			0.00
						Gross Total:			351.18
						IV. Total Adjustments:			351.18-
						Net Total:			0.00

Point(s) of Impact  
16 Non-Collision (P)

Body Shop: " NO REPAIR FACILITY CHOICE "  
CA

Inspection Site: INSURED'S RESIDENCE  
Address: 1640 TYROL LANE  
STOCKTON, CA 95207  
Inspection Date: 7/ 8/2013

"THIS IS NOT AN AUTHORIZATION FOR REPAIR NOR A GUARANTEE OF PAYMENT.  
YOU MUST CONTACT THE INSURANCE COMPANY TO CONFIRM COVERAGES AND  
PAYMENT. THIS APPRAISAL IS SUBJECT TO REVIEW AND ADJUSTMENT."

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

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

## Itemized Totals

I. Labor Subtotals				II. Part Replacement Summary			
	Units	Rate	Totals				Amount
Glass	1.4	70.00	98.00	Taxable Parts			233.88
Remove/Replace	1.4	"	98.00	New			233.88
Non-Taxable Labor			98.00				
Labor Summary	1.4		98.00	Sales Tax	@	8.250%	19.30
				Total Replacement Parts Amount			253.18
III. Additional Costs				IV. Adjustments			
			Amount				Amount
Total Additional Costs			0.00	Insurance Deductible			975.00-
				Subtotal of Adjustments Exceeds Gross Total			
				Customer Responsibility			351.18-
				I. Total Labor:			98.00
				II. Total Replacement Parts:			253.18
				III. Total Additional Costs:			0.00
				Gross Total:			351.18
				IV. Total Adjustments:			351.18-
				Net Total:			0.00













