

**View Claim Summary - File Number: 07032013-100006**[GO BACK](#)**Claim Summary been saved successfully...****Property Damage Specialist**
P.O. Box 2002, Indio
California, United States
92202

Claim Information

Claim Number : CO13009857
Policy Number :
Insurance Company : Robert Moreno Insurance
Adjuster : Brandt Faraone
Date of Loss : 2013-06-03
Whose Claim : Insured
Owner Name : PATRICIA MOLASCO OVIEDO
Insured Name : PATRICIA MOLASCO OVIEDO
Claimant Name :
Inspection Location : RESIDENCE

Appraisal Information

File Number : 07032013-100006
Appraiser : Tony Nguyen
Reinspector : Not Assigned
Loss Type : Collision
Inspection Date : 2013-07-03
Assigned Date/Time :
Assignment Type : Photos Only
ERT (Days) :
Possible Supplement :

Vehicle Information

Year : 2001
Make : Mitsubishi
Model : Eclipse
Sub-model : GT
VIN : 4A3AC54H91E133317
Plate : 6PPP192

State : California
Milage : 179043
Drivable : Yes
Primary POI :
Secondary POI :
Vehicle Condition : Fair
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 INPSECTION OF INSUREDS VEHICLE AT THE RESIDENCE IN WINCHESTER ON 7-3-13. I OBSERVED DAMAGE TO RIGHT REAR SIDE OF VEHICLE AS PHOTOS SHOW.

Date: 7/5/2013 01:07 PM
Estimate ID: CO13009857
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: BRANDT FARAONE / RMIS
(714) 738-1383 ext. 2419

ROBERT MORENO INS
(714) 738-1383

Condition Code: Fair
Date of Loss: 6/13/2013
Deductible: 0.00
File Number: CO13009857
Claim Number: CO13009857

Type of Loss: Property Damage

Insured: PATRICIA NOLASCO OVIEDO
Owner: JULIO T LOEZA
Address: 33114 WILLARD ST, WINCHESTER, CA 92596
Telephone: Home Phone: (951) 442-7830

Mitchell Service: 913389

Description: 2001 Mitsubishi Eclipse GT
Body Style: 2D Cpe
VIN: 4A3AC54H91E133317
Mileage: 179,043
OEM/ALT: A
Color: SILVER
Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER LOCK, POWER WINDOW, REAR WINDOW DEFOGGER
MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, FOG LIGHTS
ALUM/ALLOY WHEELS, LEATHER STEERING WHEEL, AUTOMATIC TRANSMISSION, TINTED GLASS
VARIABLE ASSISTED STEERING, ANTI-THEFT SYSTEM, AM/FM STEREO CD
FRONT BUCKET SEATS, KEYLESS ENTRY SYSTEM, POWER DISC BRAKES
POWER LIFTGATE\TRUNK, REAR SPOILER, REAR WINDOW DIVERSITY ANTENNA
STEERING WHEEL MOUNTED CONTROLS

Vehicle Production Date: 12/02
Drive Train: 3.0L Inj 6 Cyl 4A FWD
License: 6PPP192 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	PHOTOS ONLY	Existing		0.0*

ESTIMATE RECALL NUMBER: 07/05/2013 13:07:23 CO13009857

Mitchell Data Version: OEM: JUN_13_V

MAPP:JUN_13_V

Software Version: 7.0.486

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* - Judgment Item

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	0.00
						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

4 Right Rear Side (P)

Inspection Site: RESIDENCE
Address: 33114 WILLARD ST
WINCHESTER, CA 92596
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!!!!!!!!!!***

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***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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