

**View Claim Summary - File Number: 06252013-1000023**[GO BACK](#)**Claim Summary been saved successfully...****Property Damage Specialist**P.O. Box 2002, Indio
California, United States
92202

Claim Information

Claim Number : CO13010609
Policy Number :
Insurance Company : Robert Moreno Insurance
Adjuster : Shelley Ambriz
Date of Loss : -0001-11-30
Whose Claim : Insured
Owner Name : SARA FRANCO
Insured Name : SARA FRANCO
Claimant Name :
Inspection Location :

Appraisal Information

File Number : 06252013-1000023
Appraiser : Tony Nguyen
Reinspector : Not Assigned
Loss Type : Collision
Inspection Date :
Assigned Date/Time :
Assignment Type : Full Appraisal
ERT (Days) :
Possible Supplement :

Vehicle Information

Year :
Make : Infiniti
Model : G37
Sub-model :
VIN :
Plate :

State :
Milage :
Drivable : Unknown
Primary POI :
Secondary POI :
Vehicle Condition :
Interior Condition :
Paint Condition :
Engine :

Repair Information

Recommendation :
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 RIVERSIDE ON 7/3/13. INSURED WAS PRESENT & POINTED OUT FRONT END AS COLLISION DAMAGE. SHE DIDN'T HAVE A CHOICE OF SHOP AT TIME OF INSPECTION. ESTIMATE WRITTEN AT AREAS PREVAILING RATES USING AVAILABLE RECONDITIONED & LKQ PARTS AT A COST EFFECTIVE SAVINGS OVER NEW OEM PARTS. LFT FENDER BOWED AT FRONT EDGE AND HEADLITE CRACKED AT INNER CORNER. I ALLOW FOR FRAME PULL TO CORRECT SWAY AS EVIDENT OF GAPS ON BOTH SIDES BTWN HOOD AND FENDERS. INSPECTION UNDER HOOD CANNOT BE DONE INSURED STATED HOOD LATCH DOES NOT RELEASE. APPROXIMATE REPAIR TIME IS 5 DAYS. INSURED ALSO SAID SHE IS PURSUING GMAC INS. CLAIMANT CARRIER FOR REPAIRS. FRONT INNER-STRUCTURE; RAILS, APRON AND CORESUPPORT ARE OPEN ITEM AREA PENDING TEAR-DOWN. FEW PICS WERE CORRUPTED FROM CAMERA MAINLY CORNER SHOTS. PLEASE CALL IF YOU HAVE ANY QUESTIONS TONY NGUYEN 714-757-0906.

Date: 7/7/2013 11:14 AM
Estimate ID: CO13010609
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: SHELLEY AMBRIZ / SLA
(714) 738-1383 ext. 2396

ROBERT MORENO INS
(714) 738-1383

Condition Code: Good
Date of Loss: 6/22/2013
Deductible: 500.00
File Number: CO13010609
Claim Number: CO13010609

Type of Loss: Property Damage

Insured: SARA FRANCO
Owner: SARA FRANCO
Address: 6113 COLLINS ST, RIVERSIDE, CA 92509
Telephone: Home Phone: (951) 317-2475

Mitchell Service: 911188

Description: 2011 Infiniti G37x
Body Style: 4D Sed
VIN: JN1CV6AR0BM351875
Mileage: 46,476
OEM/ALT: A
Color: BLACK
Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW
REAR WINDOW DEFOGGER, CRUISE CONTROL, TILT STEERING COLUMN, LEATHER SEAT
POWER PASSENGER SEAT, TELESCOPIC STEERING COLUMN, ANTI-LOCK BRAKE SYS.
TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS, REARVIEW CAMERA
HIGH INTENSITY DISCHARGE HEADLIGHTS, IPOD ADAPTER, LEATHER STEERING WHEEL
SATELLITE RADIO, AUTOMATIC TRANSMISSION, FRONT AIR DAM, TINTED GLASS
AUTO AIR CONDITION, TRIP COMPUTER, UNIVERSAL GARAGE DOOR OPENER
VARIABLE ASSISTED STEERING, SIDE AIRBAGS, ANTI-THEFT SYSTEM
AUTOMATIC HEADLIGHTS, INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR
SIDE HEAD CURTAIN AIRBAGS, AM/FM STEREO CD/MP3 PLAYER, ELECTRONIC PARKING AID
ELECTRONIC STABILITY CONTROL, FRONT HEATED BUCKET SEATS, INTERIOR AIR FILTER
KEYLESS ENTRY SYSTEM, POWER DISC BRAKES, POWER HEATED EXTERIOR MIRRORS
POWER LIFTGATE/TRUNK, REAR AC & HEATER, REAR WINDOW DIVERSITY ANTENNA
STEERING WHEEL AUDIO CONTROLS

Vehicle Production Date: 11/10
Drive Train: 3.7L Inj 6 Cyl 7A AWD
License: 5VJS923 CA
Search Code: None

| Line Item | Entry Number | Labor Type | Operation | Line Item Description | Part Type/ Part Number | Dollar Amount | Labor Units |
|-----------|--------------|------------|----------------|-----------------------|---------------------------|---------------|-------------|
| 1 | AUTO | BDY | OVERHAUL | Frt Bumper Cover Assy | | | 2.8 # |
| 2 | 102617 | BDY | REMOVE/REPLACE | Frt Bumper Cover | Remanufactured | 266.00 | * INC # |

ESTIMATE RECALL NUMBER: 07/07/2013 11:14:31 CO13010609

Mitchell Data Version: OEM: JUN_13_V

MAPP:JUN_13_V

Software Version: 7.0.486

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Page 1 of 3

Date: 7/7/2013 11:14 AM
 Estimate ID: CO13010609
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| | | | | | | | | |
|----|--------|-------|-----------------|--|--------------------|--------|----------|-------|
| 3 | AUTO | REF | REFINISH | Frnt Bumper Cover | | | | C 2.6 |
| 4 | | | | @ KEYSTONE 800-421-7866 | | | | |
| 5 | 102619 | BDY | REMOVE/REPLACE | Frnt Bumper License Plate Bracket | 96210-1NF0A | 89.21 | INC | |
| 6 | 102386 | BDY | REMOVE/REPLACE | Frnt Ctr Bumper Grille | 62254-1NF1A | 132.40 | INC # | |
| 7 | AUTO | BDY | REMOVE/INSTALL | Frnt Bumper Cover | | | INC # | |
| 8 | 102390 | BDY | REMOVE/REPLACE | L Frnt Bumper Stiffener | 62059-JK000 | 56.60 | INC # | |
| 9 | 102395 | BDY | REMOVE/REPLACE | Frnt Upr Bumper Seal | 65820-JK010 | 67.62 | INC | |
| 10 | 102401 | BDY | REMOVE/REPLACE | Grille | 62310-1NF1A | 265.85 | INC # | |
| 11 | 102405 | BDY | REMOVE/REPLACE | L Front Combination Lamp Assembly | Qual Recycled Part | 600.00 | * 0.3 #r | |
| 12 | AUTO | BDY | CHECK/ADJUST | Headlamps | | | 0.4 | |
| 13 | | | | @ K&P AUTO 909-428-6898 | | | | |
| 14 | | | | Line Markup %20.00 | | 120.00 | | |
| 15 | 101276 | BDY | REPAIR | L Fender Panel | Existing | | 2.0* # | |
| 16 | | REF | REFINISH/REPAIR | L Fender Panel | | | C 1.5* | |
| 17 | | | | MODIFIED REFINISH WITH FULL CLEAR COAT | | | | |
| 18 | 102592 | BDY | REMOVE/REPLACE | L Fender Front Liner | 63845-JK30A | 74.12 | 0.3 # | |
| 19 | 101407 | BDY | REMOVE/INSTALL | L Fender Rear Liner | Existing | | 0.1 #r | |
| 20 | 101716 | BDY | REMOVE/INSTALL | L Rocker Moulding | | | 0.4 | |
| 21 | 933006 | FRM | ADD'L OPR | Frame/Rack Set Up | | | 2.0* | |
| 22 | 933035 | FRM | ADD'L OPR | Unibody Pull | | | 2.0* | |
| 23 | AUTO | REF | ADD'L OPR | Clear Coat | | | 1.4 | |
| 24 | 933003 | BDY * | ADD'L OPR | Tint Color | | | 0.5* | |
| 25 | 933018 | BDY * | ADD'L OPR | Mask For Overspray | | 5.00 | * 0.2* | |
| 26 | AUTO | | ADD'L COST | Paint/Materials | | 176.00 | * | |

* - 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 | 7.0 | 45.00 | 5.00 | 0.00 | 320.00 | Taxable Parts | | | 1,551.80 |
| Refinish | 5.5 | 45.00 | 0.00 | 0.00 | 247.50 | Parts Adjustments | | | 120.00 |
| Frame | 4.0 | 55.00 | 0.00 | 0.00 | 220.00 | Sales Tax | @ 8.000% | | 133.74 |
| Non-Taxable Labor | | | | | 787.50 | Total Replacement Parts Amount | | | |
| | | | | | | | | | |
| Labor Summary | 16.5 | | | | 787.50 | | | | |
| | | | | | | IV. Adjustments | | | |
| III. Additional Costs | | | | | | | | | |
| Taxable Costs | | | | | 176.00 | Insurance Deductible | | | |
| Sales Tax @ 8.000% | | | | | 14.08 | | | | |
| Total Additional Costs | | | | | 190.08 | Customer Responsibility | | | |
| | | | | | | | | | |

Paint Material Method: Rates

Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00

ESTIMATE RECALL NUMBER: 07/07/2013 11:14:31 CO13010609

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Page 2 of 3

Software Version: 7.0.486

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| | | |
|------|--------------------------|----------|
| I. | Total Labor: | 787.50 |
| II. | Total Replacement Parts: | 1,805.54 |
| III. | Total Additional Costs: | 190.08 |
| | Gross Total: | 2,783.12 |
| IV. | Total Adjustments: | 500.00- |
| | Net Total: | 2,283.12 |

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

Point(s) of Impact

12 Front Center (P), 11 Left Front Corner (S)

Inspection Site: RESIDENCE
Address: 6113 COLLINS ST
RIVERSIDE , CA 92509
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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Page 3 of 3







