

 **View Claim Summary - File Number: 07022013-100005**

[GO BACK](#)

Claim Summary been saved successfully...



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

Claim Information

Claim Number : CO13101962
Policy Number :
Insurance Company : Robert Moreno Insurance
Adjuster : Stephanie Brown
Date of Loss : 2013-06-28
Whose Claim : Insured
Owner Name : MIGUEL ANAYA OLIVEROS
Insured Name : MIGUEL ANAYA OLIVEROS
Claimant Name :
Inspection Location : RESIDENCE

Appraisal Information

File Number : 07022013-100005
Appraiser : Roberta Kear
Reinspector : Not Assigned
Loss Type : Collision
Inspection Date : 2013-07-23
Assigned Date/Time : 1907-07-02 19:00:00
Assignment Type : Full Appraisal
ERT (Days) : 3
Possible Supplement : yes

Vehicle Information

Year : 2011
Make : Toyota
Model : RAV4
Sub-model :

VIN : 2T3WK4DV1BW013727
Plate : 6ttg149
State : Vermont
Milage : 9301
Drivable : Yes
Primary POI : left rear
Secondary POI :
Vehicle Condition : Good
Interior Condition : good
Paint Condition : good
Engine : Good

Repair Information

Recommendation : Repairable
Estimate 1 Total : 2261.68
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 : 2261.68
Deductible : 500.00
Original Net Loss : 1761.68
Gross Total : 2261.68
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

estimate at 8% of acv.

07/23/2013 Inspected insured's 2011 Toyota Rav 4 at customer's residence at approximately 9:30 am, met with the insured Miguel, noted damage to the left rear corner and rear of customer's vehicle, approx repair time is 3 days.

This was a minor to moderate impact to the left rear corner and rear of customer's vehicle, with no airbag deployment.

No lkq search completed as vehicle has only 9301 miles.

Open items include shop labor rates, possible minor internal damage after tear down. Negotiation of repair times.

This vehicle is repairable.

Date: 7/29/2013 02:35 PM
 Estimate ID: CO13101962
 Estimate Version: 0
 Preliminary
 Profile ID: PDS

FOR SUPPLEMENTS CALL RICH PEREA 760-275-6795 OR EMAIL
 PDS9593@VERIZON.NET

Property Damage Specialist

P.O. BOX 3237, INDIO, CA 92201
 (760) 275-6795
 Fax: (760) 863-5349
 Email: PDS9593@VERIZON.NET

Damage Assessed By: Roberta Kear

Appraised For: ROBERT MORENO INSURANCE - STEPHANIE BROWN

Condition Code: Good
 Date of Loss: 6/28/2013
 Deductible: 500.00
 File Number: CO13101962
 Claim Number: CO13101962

Type of Loss: Collision

Insured: MIGUAL ANALYA OLIVEROS
 Owner: MIGUAL ANALYA OLIVEROS
 Address: 4606 W 18TH ST, LOS ANGELES, CA 90019
 Telephone: Work Phone: (323) 816-3420

Home Phone: (213) 550-6217

Mitchell Service: 910651

Description: 2011 Toyota RAV4 Sport
 Body Style: 4D Ut
 VIN: 2T3WK4DV1BW013727
 Mileage: 9,301
 OEM/ALT: A
 Color: BLACK
 Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING
 REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN
 TELESCOPIC STEERING COLUMN, LUGGAGE RACK, ANTI-LOCK BRAKE SYS., TRACTION CONTROL
 FOG LIGHTS, ALUM/ALLOY WHEELS, AUXILIARY INPUT, FRONT AIR DAM, TINTED GLASS
 TRIP COMPUTER, SIDE AIRBAGS, ANTI-THEFT SYSTEM, AUTOMATIC HEADLIGHTS
 SIDE HEAD CURTAIN AIRBAGS, AM/FM STEREO CD/MP3 PLAYER
 ELECTRONIC STABILITY CONTROL, FRONT BUCKET SEATS, INTERIOR AIR FILTER
 KEYLESS ENTRY SYSTEM, LIMITED SLIP DIFFERENTIAL, POWER DISC BRAKES, REAR SPOILER
 REAR WINDOW WIPER, SECOND ROW SPLIT FOLDING BENCH SEAT
 STEERING WHEEL MOUNTED CONTROLS

Vehicle Production Date: 11/11
 Drive Train: 3.5L Inj 6 Cyl 2WD
 License: 6TTG149 CA
 Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Wheel</u>							
1	000485	BDY	REMOVE/REPLACE	Spare Wheel Cover	64771-0R010-C0	448.54	0.2
<u>Quarter Panel</u>							
2	002532	REF	BLEND	L Fuel Door			C 0.2* #
3	001902	BDY	REPAIR	L Quarter Outer Panel	Existing		4.0* #
4		REF	REFINISH/REPAIR	L Quarter Outer Panel			C 1.7*
5				MODIFIED REFINISH WITH FULL CLEAR COAT			
6	002170	BDY	REPAIR	L Quarter Fuel Door	Existing		0.0*
<u>MANUAL ENTRIES</u>							
7	900500	BDY *	REMOVE/REPLACE	Cover Car Interior	** QUAL REPL PART	2.50 *	0.2*
8	900500	BDY *	REMOVE/REPLACE	MASK JAMBS FOR PRIMER	New	2.50 *	0.2*
<u>Rear Gate</u>							
9	003307	BDY	REMOVE/REPLACE	L Lwr Rear Gate Garnish	76806-0R010-C0	179.75	0.3 #

ESTIMATE RECALL NUMBER: 07/29/2013 14:35:00 CO13101962

Mitchell Data Version: OEM: MAY_13_V
 MAPP:MAY_13_V

Software Version: 7.0.485

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Page 1 of 3

				<u>Rear Lamps</u>			
10	003842	BDY	REMOVE/REPLACE	L Rear Combination Lamp	81560-0R010	235.32	0.6 #
				<u>Rear Bumper</u>			
11	002521	BDY	OVERHAUL	Rear Bumper Cover Assy			1.4
12	004296	BDY	REMOVE/REPLACE	Rear Bumper Cover	52159-0R901	274.35	INC
13		REF	REFINISH	Rear Bumper Cover			C 2.6
14	001907	BDY	REMOVE/REPLACE	Rear Bumper Protector	52581-42030	82.69	INC
15	001909	BDY	REPAIR	R Rear Bumper Reflector	Existing		0.0*
16	001910	BDY	REMOVE/REPLACE	L Rear Bumper Reflector	81920-13022	31.86	INC
17	002240	BDY	REMOVE/REPLACE	L Rear Bumper Bracket	52592-0R010	43.85	0.2 #
				<u>Additional Costs & Materials</u>			
18	936012		ADD'L COST	Hazardous Waste Disposal		3.00	*
19	936014		ADD'L COST	Flex Additive		8.00	*
				<u>ADDITIONAL OPERATIONS</u>			
20		REF	ADD'L OPR	Clear Coat			1.6
				<u>ADDITIONAL REFINISH OPERATIONS</u>			
21	933003	REF	ADD'L OPR	TINT COLOR			0.5*
				<u>Additional Operations</u>			
22	933005	BDY	ADD'L OPR	Restore Corrosion Protection		8.00	*
				<u>ADDITIONAL REFINISH OPERATIONS</u>			
23	933018	REF	ADD'L OPR	MASK FOR OVERSPRAY		5.00	* 0.3*
				<u>Additional Costs & Materials</u>			
24			ADD'L COST	Paint/Materials		211.20	*

* - Judgment Item

- Labor Note Applies

C - Included in Clear Coat Calc

Estimate Totals

I. Labor Subtotals		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary		Amount		
Body		7.1	42.00	8.00	0.00	306.20	Taxable Parts		1,301.36		
Refinish		6.9	42.00	5.00	0.00	294.80	Sales Tax @ 9.000%		117.12		
Non-Taxable Labor						601.00	Total Replacement Parts Amount		1,418.48		
Labor Summary		14.0				601.00					
III. Additional Costs						Amount	IV. Adjustments		Amount		
Taxable Costs						222.20	Insurance Deductible		500.00-		
Sales Tax		@ 9.000%				20.00	Customer Responsibility		500.00-		
Total Additional Costs						242.20					
Paint Material Method: Rates											
Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00											
						I. Total Labor:		601.00			
						II. Total Replacement Parts:		1,418.48			
						III. Total Additional Costs:		242.20			
						Gross Total:		2,261.68			

ESTIMATE RECALL NUMBER: 07/29/2013 14:35:00 CO13101962

Mitchell Data Version: OEM: MAY_13_V

Software Version: MAPP:MAY_13_V

7.0.485

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Date: 7/29/2013 02:35 PM
Estimate ID: CO13101962
Estimate Version: 0
Preliminary
Profile ID: PDS

IV. Total Adjustments: 500.00-
Net Total: 1,761.68

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

Point(s) of Impact

7 Left Rear Corner (S)

Insurance Co: ROBERT MORENO INSURANCE SERVICES
Address: P.O. BOX 5185
FULLERTON, CA 92838
Telephone: (714) 578-3366
Fax Phone: (714) 738-5035

Inspection Site: INSURED'S RESIDENCE
Address: 4606 W 18TH ST
LOS ANGELES, CA 90019
(323) 816-3420
(213) 550-6217
Inspection Date: 7/23/2013

"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."









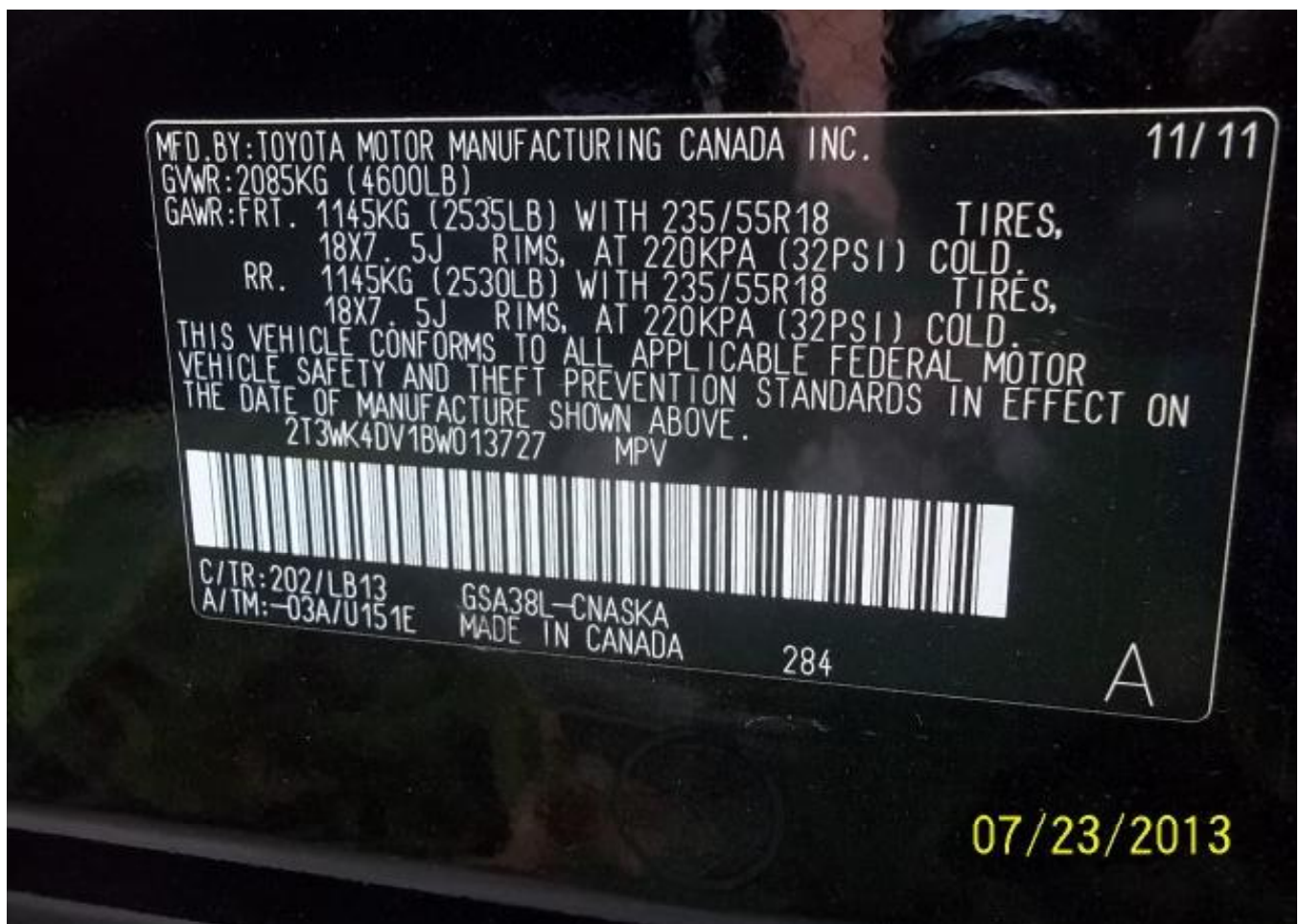


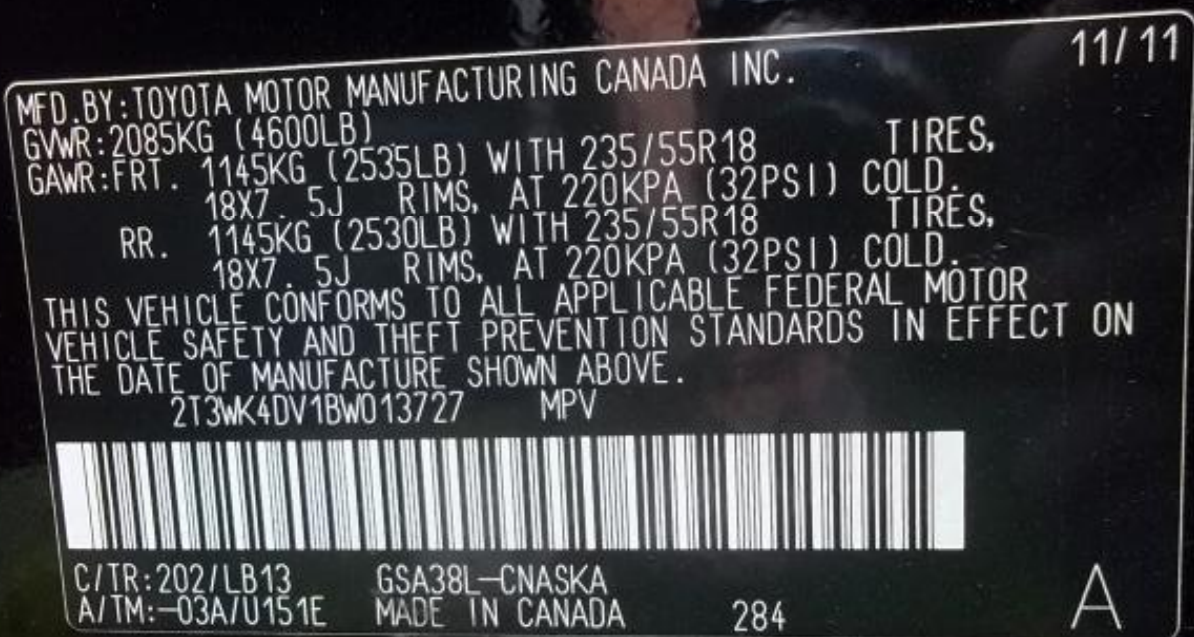




























AUTO **01/18/2013 TO 01/18/2014** **11** **6TTG149**

REGISTRATION VALID FROM TYPE LICENSE NUMBER

VEHICLE IDENTIFICATION NUMBER
2T3WK4DV1BW013727

MAKE
TOYT

DATE FIRST SOLD CLASS Yr Model
00/00/2012 **HQ** **2011**

TYPE VER. MP AX WC UNLADEN G/GW TOTAL FEES PAID
120 **G** **\$268** **1900**

DATE ISSUED
01/12/2013

TOYOTA LEASE TRUST LSR
ANAYA GUADALUPE
OR ANAYA MIGUEL O LSE
4606 W 18TH ST
LOS ANGELES CA 90019-5740

TOYOTA LEASE TRUST
PO BOX 105386
ATLANTA
GA

R0069
L0169

30348
RI9010920137001

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

N0975121

07/23/2013

TO REMOVE FROM THE BEND STICKER AT S

INSTRUC
APPLYING STICKER
1. CLEAN SURFACE
OFF ACCUMULATE
WILL NOT STICK IF
2. PUT STICKER ON
AS SHOWN BELOW
MOTORCYCLES:
Right Half of This W

ALL OTHERS:
In Top Right Corner

EXCEPT:
Truck Tractors And
A Declared Gross W
or More—Must App



