

Date: 11/ 7/2013 10:32 PM  
Estimate ID: C013012400  
Estimate Version: 0  
Profile ID: \* PDS

FOR SUPPLEMENTS CALL RICH PEREA 762-275-6795 OR EMAIL  
pds9593@verizon.net

## PROPERTY DAMAGE SPECIALIST

PO BOX 2002, INDIO, CA 92201  
(760) 275-6795  
Fax: (760) 863-5349  
Email: pds9593@verizon.net

Damage Assessed By: DAVID SILVA

Appraised For: ROBERT MORENO INSURANCE -GEORGE BURGHARDT  
(800) 453-1588

Condition Code: Good  
Date of Loss: 7/16/2013  
Contact Date: 11/ 6/2013  
Deductible: NONE  
File Number: 11052013-1000032  
Claim Number: C013012400

Type of Loss: Collision  
Arrival Date: 11/ 7/2013

Insured: MOISES AMAYA  
Claimant: TRUSTA TABA  
Address: 2935'B' W. CARSON ST., TORRANCE, CA 90503  
Owner: TRUSTA TABA  
Address: 2935'B' W. CARSON ST., TORRANCE, CA 90503

Mitchell Service: 916164

Description: 2003 Mazda Protege DX  
Body Style: 4D Sed  
VIN: JM1BJ226531147710  
Mileage: 96,986  
OEM/ALT: A  
Color: SILVER

Drive Train: 2.0L Inj 4 Cyl 4A FWD  
License: 5DLJ973 CA

Search Code: B870059

Options: PASSENGER AIRBAG, DRIVER AIRBAG, REAR WINDOW DEFOGGER, TILT STEERING COLUMN  
PREMIUM SOUND SYSTEM, FOG LIGHTS, AUTOMATIC TRANSMISSION, TINTED GLASS  
VARIABLE ASSISTED STEERING, AM/FM STEREO CD, FRONT BUCKET SEATS  
POWER DISC BRAKES, POWER LIFTGATE\TRUNK

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
				<u>Rear Bumper</u>			
1	603508	BDY	OVERHAUL	Rear Bumper Cover Assy			1.6 #
2	603509	BDY	REPAIR	Rear Bumper Cover	Existing		2.5* #

\* - Judgment Item

# - Labor Note Applies

### Prior Damage:

RR BUMPER COVER@LT SIDE-SCRAPES  
FT BUMPER CVER@LT SIDE-SCRAPES

ESTIMATE RECALL NUMBER: 11/07/2013 22:31:54 C013012400

Mitchell Data Version: OEM: OCT\_13\_V

MAP:OCT\_13\_V

Software Version: 7.0.487

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## Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	4.1	42.00	0.00	0.00	172.20		
	Non-Taxable Labor				172.20	Total Replacement Parts Amount	0.00
Labor Summary	4.1				172.20		
III. Additional Costs					Amount	IV. Adjustments	Amount
Total Additional Costs					0.00	Insurance Deductible	0.00
						Customer Responsibility	0.00
						I. Total Labor:	172.20
						II. Total Replacement Parts:	0.00
						III. Total Additional Costs:	0.00
						Gross Total:	172.20
						IV. Total Adjustments:	0.00
						Net Total:	172.20

### Point(s) of Impact

6 Rear Center (P)

Insurance Co: ROBERT MORENO INSURANCE

Inspection Site: RESIDENCE  
TORRANCE, CA

Inspection Date: 11/ 7/2013

Body Shop: NOT AT SHOP

"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

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### Unrelated Prior Damage

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Appraised For: ROBERT MORENO INSURANCE -GEORGE BURGHARDT  
(800) 453-1588

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Contact Date: 11/ 6/2013

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Mitchell Service: 916164

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Body Style: 4D Sed

VIN: JM1BJ226531147710

Mileage: 96,986

OEM/ALT: A

Color: SILVER

Options: PASSENGER AIRBAG, DRIVER AIRBAG, REAR WINDOW DEFOGGER, TILT STEERING COLUMN  
PREMIUM SOUND SYSTEM, FOG LIGHTS, AUTOMATIC TRANSMISSION, TINTED GLASS  
VARIABLE ASSISTED STEERING, AM/FM STEREO CD, FRONT BUCKET SEATS  
POWER DISC BRAKES, POWER LIFTGATE\TRUNK

Drive Train: 2.0L Inj 4 Cyl 4A FWD

License: 5DLJ973 CA

Search Code: B870059

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Front Bumper</u>							
1	602280	BDY	REPAIR	Frt Bumper Cover	Existing		1.5* #
2		REF	REFINISH	Frt Bumper Cover			C 2.3
<u>Rear Bumper</u>							
3	603509	BDY	REPAIR	Rear Bumper Cover	Existing		0.5* #
4		REF	REFINISH	Rear Bumper Cover			C 2.2
<u>ADDITIONAL OPERATIONS</u>							
5		REF	ADD'L OPR	Clear Coat			1.4
<u>Additional Costs &amp; Materials</u>							
6			ADD'L COST	Paint/Materials		188.80	*

\* - Judgment Item

# - Labor Note Applies

C - Included in Clear Coat Calc

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Prior Damage:

RR BUMPER COVER@LT SIDE-SCRAPES  
FT BUMPER CVER@LT SIDE-SCRAPES

## Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	2.0	42.00	0.00	0.00	84.00		
Refinish	5.9	42.00	0.00	0.00	247.80	Total Replacement Parts Amount	0.00
Non-Taxable Labor					331.80		
Labor Summary	7.9				331.80		
						IV. Adjustments	Amount
III. Additional Costs					Amount	Total Adjustments:	0.00
Taxable Costs					188.80		
Sales Tax		@	9.000%		16.99		
Total Additional Costs					205.79		
Paint Material Method: Rates							
Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	331.80
						II. Total Replacement Parts:	0.00
						III. Total Additional Costs:	205.79
						Gross Total:	537.59
						IV. Total Adjustments:	0.00
						Unrelated Damage Net Total:	537.59

Point(s) of Impact

6 Rear Center (P)

Insurance Co: ROBERT MORENO INSURANCE

Inspection Site: RESIDENCE  
TORRANCE, CA  
Inspection Date: 11/ 7/2013

Body Shop: NOT AT SHOP

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## Itemized Totals

I.	Labor Subtotals	Units	Rate	Totals	II.	Part Replacement Summary	Amount
	Body	4.1	42.00	172.20			
	Repair	2.5	"	105.00			
	Overhaul	1.6	"	67.20			
	Non-Taxable Labor			172.20		Total Replacement Parts Amount	0.00
	Labor Summary	4.1		172.20			
III.	Additional Costs			Amount	IV.	Adjustments	Amount
	Total Additional Costs			0.00		Insurance Deductible	0.00
						Customer Responsibility	0.00
					I.	Total Labor:	172.20
					II.	Total Replacement Parts:	0.00
					III.	Total Additional Costs:	0.00
						Gross Total:	172.20
					IV.	Total Adjustments:	0.00
						Net Total:	172.20