



Toll Free: (877) 526-9717
Email: docs@bristolwest.com
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P.O. Box 268992
Oklahoma City, OK 73126-8992
Fax: (855) 822-3139

06/11/2019

Self Insured
Attn: Rialto City Clerk
150 S Palm Ave
Rialto, CA 92376

Our Insured:	Brandy Aguilar
Our Claim #:	099 SUB 5007308343-1
Date of Loss:	03/14/2019
Your Insured:	[REDACTED]
Your Claim #:	
Deductible Amount:	\$1,000.00
Loss of Use Amount:	\$0.00
Rental Amount:	\$0.00
Total Amount Owed:	\$1,502.91

CITY OF RIALTO
2019 JUN 18 PM 2:29
RECEIVED
CITY CLERK

Dear Rialto City Clerk:

We have made payment to our insured for damages resulting from this accident. Our investigation has established that the above loss was caused by the negligence of your insured. By virtue of our subrogation rights this letter is to advise you that **we are requesting payment from you for the amount of damages within 14 days of the receipt of this letter.**

Be advised that no partial payment, which is less than the full amount claimed herein, will be considered in any way an acceptance of benefits, a novation or an accord and satisfaction of this claim without the express written release of our claim executed by an individual who identifies himself/herself as a member of our subrogation department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you or someone acting on your behalf.

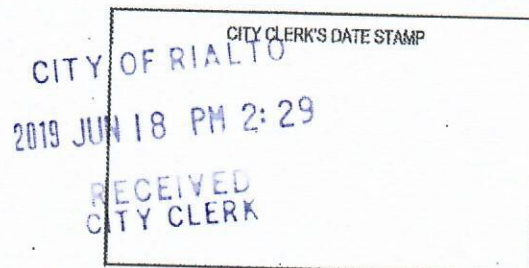
If you need additional support for our claim or require further information, please call me at 407-562-2570 with your FAX number and Email address so that the requested information can be sent to you. Please send payment to the address listed above.

Sincerely,

Jeff Buckley
Auto Representative-Subrogation
Coast National Insurance Company
407-562-2570
jeffrey.buckley@bristolwest.com



**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).
3. READ ENTIRE CLAIM FOR BEFORE FILING
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO:
Rialto City Clerk's Office
Mail: 150 S. Palm Ave., Rialto, CA 92376
Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

BRANDY AGUILAR

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(If different from home address provided above):

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 3/14/2019 TIME: 3:14 ☐ AM ☒ PM

2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC -- Describe fully and (if applicable) locate on diagram on reverse side of this sheet.
Where appropriate, give street names and addresses, measurements and landmarks.

CARL'S JR PARKING LOT - 1334 S RIVERSIDE AVE
RIALTO, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

POLICE CRUISER STRUCK OUR INSURED'S PARKED
VEHICLE

4. WERE POLICE AT THE SCENE? ☒ YES ☐ NO WERE PARAMEDICS AT THE SCENE? ☐ YES ☒ NO

5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.

OFFICER [REDACTED] - BADGE # [REDACTED]

POLICE REPORT # [REDACTED]

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1,609.58

HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.

DAMAGES INCURRED TO DATE:

Item/Date: DAMAGE TO OUR VEHICLE

Amount: \$ 1,609.58

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1,609.58

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: DAMAGE TO OUR VEHICLE

Amount: \$ 1,609.58

Item/Date:

Amount: \$

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: N/A

NAME:

ADDRESS:

ADDRESS:

TELEPHONE: ()

TELEPHONE: ()

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: N/A

NAME:

ADDRESS:

ADDRESS:

TELEPHONE: ()

TELEPHONE: ()

DATE: TIME: ☐ AM ☐ PM

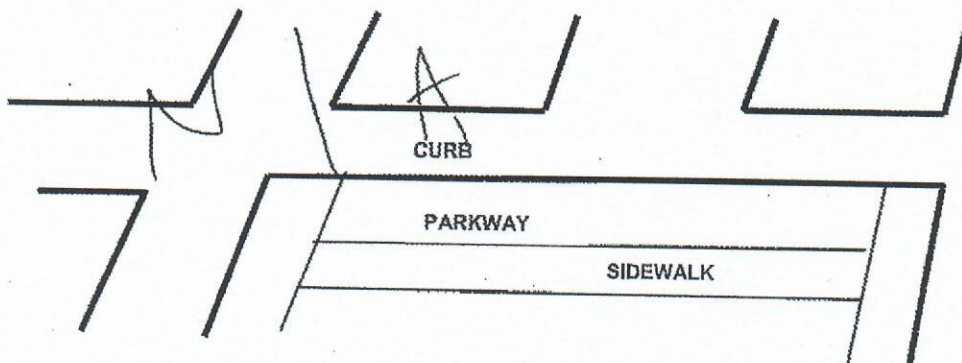
DATE: TIME: ☐ AM ☐ PM

9. PLEASE READ THE FOLLOWING CAREFULLY:

For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

⇒ NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.



CITY OF RIALTO
2019 JUN 18 PM 2:29
RECEIVED
CITY CLERK

I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

JEFFREY A BUCKLEY

TYPE OR PRINT NAME

ASSIGNED SUBROGEE

RELATIONSHIP TO CLAIMANT

DATE

6/11/2019

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376

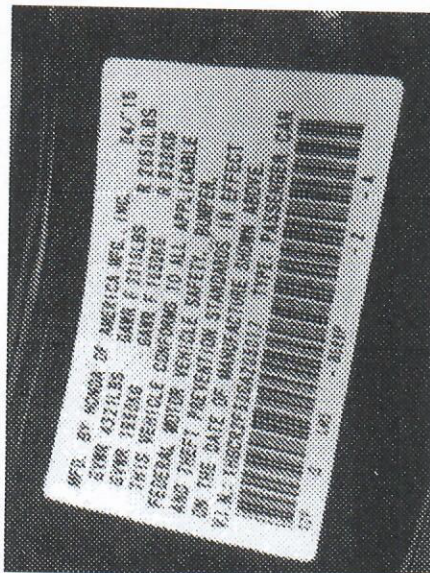
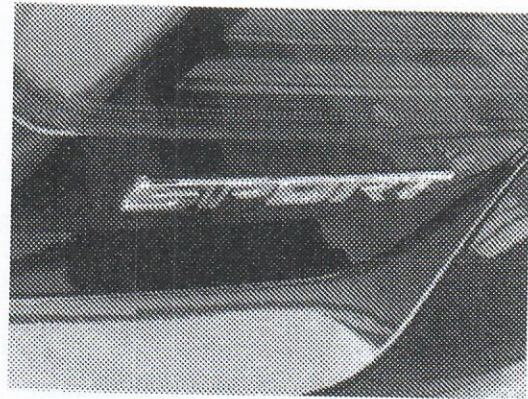
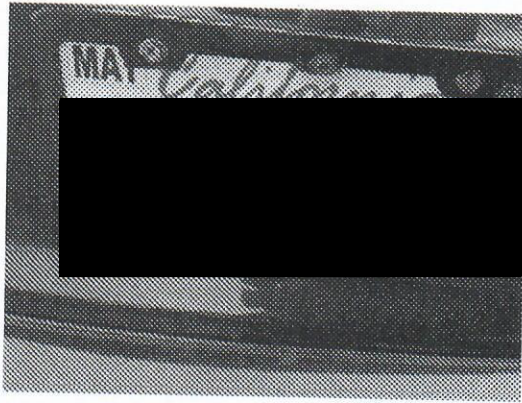
HEART Claim Pics

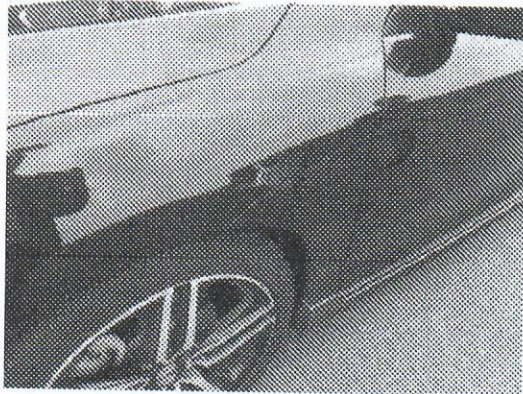
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Claim Unit Number: 5007308343-1-1

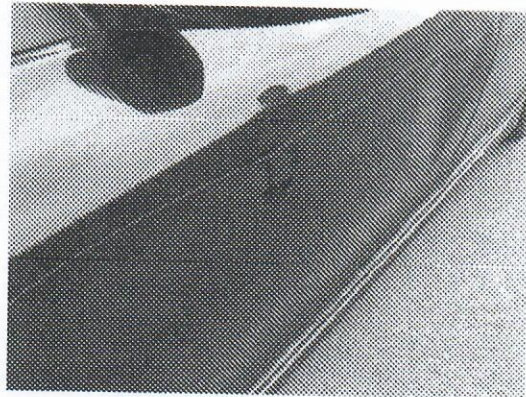
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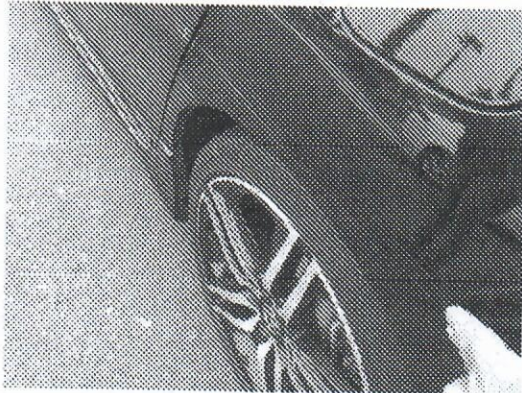
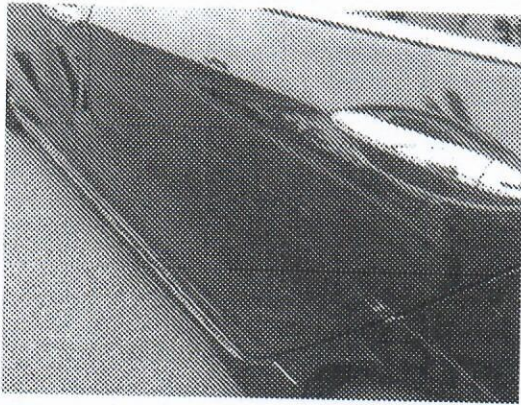
Upd scratch lt fender



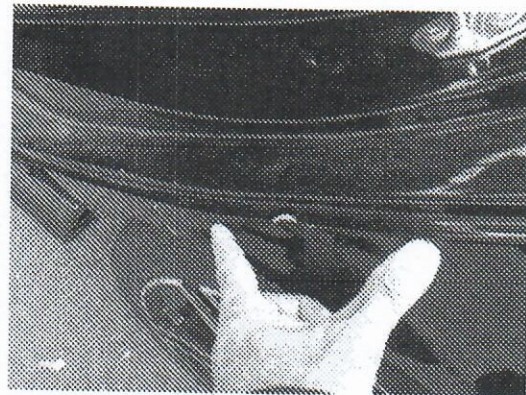
Lt front door with upd scratch

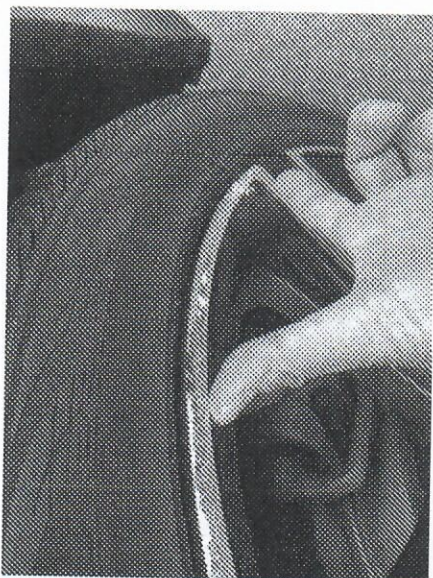


Upd scratches lt rear door

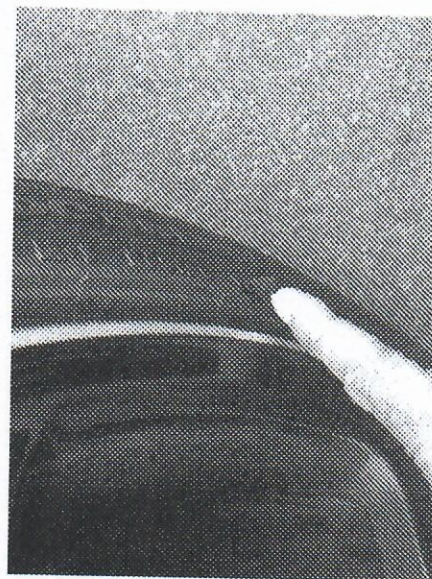


Lt qtr upd scratch

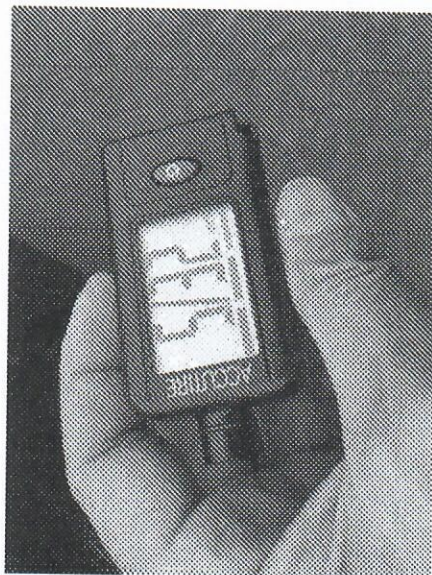




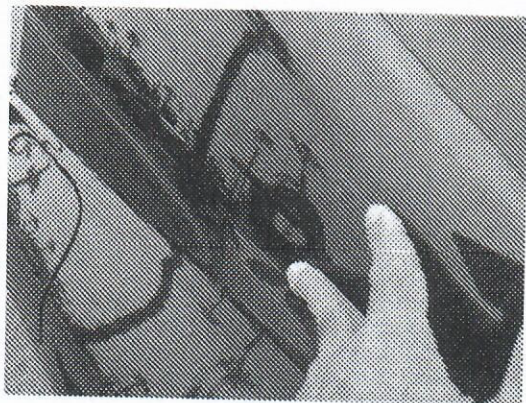
Lt rear



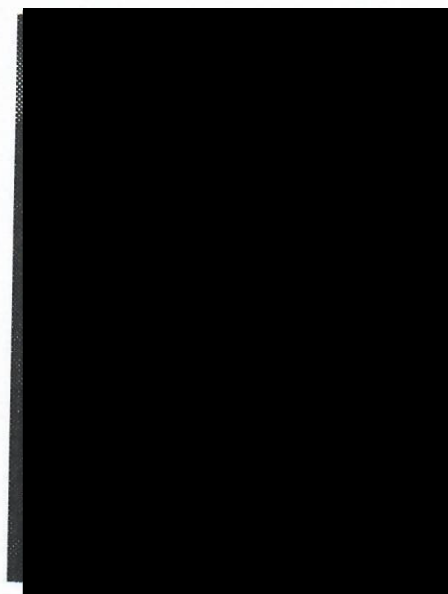
Lt rear



Upd lt front door belt molding



Upd dent lt qtr



BRISTOL WEST INSURANCE COMPANY

Bristol West - Southern CA - YK
FOR SUPPLEMENTS CALL (714) 253-6094
DAVID.NAGAI@BRISTOLWEST.COM
1800 E Imperial Highway
Brea, CA 92867

Claim #: 5007308343-1-1
Workfile ID: ddbaeaec

Estimate of Record

Written By: DAVID NAGAI, 5/13/2019 2:54:15 PM
Adjuster: Richard, Daryl

Insured:	BRANDY AGUILAR	Owner Policy #:	[REDACTED]	Claim #:	5007308343-1-1
Type of Loss:	Collision	Date of Loss:	03/14/2019 03:16 PM	Days to Repair:	5
Point of Impact:	10 Left Front Pillar (Left Side)	Deductible:	1000.00		

Owner (Insured):

BRANDY AGUILAR

[REDACTED]
[REDACTED]
RIALTO, CA 92376-0000

Inspection Location:

[REDACTED]
RIALTO, CA 92376-0000
Field
(909) 265-5091 Day

Appraiser Information:

David.Nagai@Bristolwest.com
(714) 253-6094

Repair Facility:

VEHICLE

2016 HOND Accord Sedan Sport w/Continuously Variable Transmission 4D SED 4-2.4L Gasoline Gasoline Direct Injection Blue

VIN:	[REDACTED]	Production Date:	04/2016	Interior Color:	
License:	[REDACTED]	Odometer:	43946	Exterior Color:	Blue
State:	CA	Condition:			

TRANSMISSION

Automatic Transmission

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Tinted Glass
Console/Storage
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Backup Camera w/Parking Sensors
RADIO

AM Radio

FM Radio
Stereo
Search/Seek
CD Player
Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Traction Control
Stability Control
Rear Spoiler
Power Trunk/Gate Release

Estimate of Record

2016 HOND Accord Sedan Sport w/Continuously Variable Transmission 4D SED 4-2.4L Gasoline Gasoline Direct Injection Blue

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	TIRES						
2	*	Repl CONT 235/40R19 Pro Contact BW 92H B45% NOTE: 5/32 tread left	C01673	1	219.99	0.3	
3	WHEELS						
4	*	Subl LT/Rear Wheel, alloy 17" Aap/Hitachi + 20% NOTE: Wheels of America (714) 670-0150	42700T2AL74	1	156.00 X m		
5	R&I	Spare R&I wheel	42700T2AL74		m	0.1	
6	FRONT DOOR						
7	*	Rpr LT Outer panel (HSS) NOTE: UPD Scratch along entire outer panel	67151T2AA00ZZ			6.0	1.0
8		Add for Clear Coat					0.4
9	R&I	LT Belt molding	72450T2FA01			0.3	
10	R&I	LT R&I mirror	76258T2FA11			0.3	
11	R&I	LT Handle, outside w/smart entry	72181T2AF71			0.4	
12	R&I	LT R&I trim panel	83550T2FA83ZU			0.4	
13	REAR DOOR						
14	*	Rpr LT Outer panel w/o Plug-in, w/o Hybrid (HSS) NOTE: UPD Scratches	67651T2FA00ZZ			1.0	1.0
15		Overlap Major Adj. Panel					-0.4
16		Add for Clear Coat					0.1
17	R&I	LT Belt molding	72950T2AA01			0.3	
18	R&I	LT Handle, outside	72681T2AC71			0.4	
19	R&I	LT R&I trim panel	83750T2FA61ZD			0.4	
20	QUARTER PANEL						
21	*	Rpr LT Quarter panel w/o Hybrid NOTE: UPD Scratch along entire LT Qtr Panel and UPD dent	04646T2FA90ZZ			7.0	1.4
22		Overlap Major Adj. Panel					-0.4
23		Add for Clear Coat					0.2
24	#	Refn Base Coat Reduction - Full Clear Coat					-0.3
25	R&I	LT Splash shield w/o Hybrid	74590T2FA01			0.2	
26	REAR LAMPS						
27	R&I	LT Tail lamp assy w/o Hybrid	33550T2AA21			0.2	
28	REAR BUMPER						
29	*	R&I R&I bumper cover NOTE: Drop LT Side	71501T2FA50ZZ			0.5	
30	#	Hazardous Waste		1	3.00 X		
31	#	Cover Car		1	10.00 X		
32	#	Corrosion Protection - ***		1	10.00		

Estimate of Record

2016 HOND Accord Sedan Sport w/Continuously Variable Transmission 4D SED 4-2.4L Gasoline Gasoline Direct Injection Blue

SUBTOTALS	398.99	17.8	3.0
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ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			229.99
Body Labor	17.8 hrs @	\$ 51.75 /hr	921.15
Paint Labor	3.0 hrs @	\$ 51.75 /hr	155.25
Paint Supplies	3.0 hrs @	\$ 36.00 /hr	108.00
Miscellaneous			169.00
Subtotal			1,583.39
Sales Tax	\$ 337.99 @	7.7500 %	26.19
Total Cost of Repairs			1,609.58
Deductible			1,000.00
CONT 235/40R19 Pro Contact BW 92H B45%			106.67
Total Adjustments			1,106.67
Net Cost of Repairs			502.91

Estimate of Record

2016 HOND Accord Sedan Sport w/Continuously Variable Transmission 4D SED 4-2.4L Gasoline Gasoline Direct Injection Blue

QUALITY REPLACEMENT PARTS WARRANTY

OUR REPAIR ESTIMATE MAY SPECIFY THE USE OF QUALITY REPLACEMENT PARTS.

QUALITY REPLACEMENT PARTS ARE PARTS NOT MANUFACTURED BY OR FOR THE ORIGINAL EQUIPMENT MANUFACTURER. WE WILL STAND BEHIND THE QUALITY REPLACEMENT PARTS THAT ARE SPECIFIED ON THIS ESTIMATE AND USED IN THE REPAIR OF YOUR VEHICLE, FOR AS LONG AS YOU OWN/LEASE THE VEHICLE. WE WARRANT THESE PARTS ARE OF LIKE KIND, QUALITY, SAFETY, FIT AND PERFORMANCE TO PARTS MANUFACTURED BY OR FOR THE ORIGINAL EQUIPMENT MANUFACTURER.

THIS WARRANTY EXCLUSIVELY COVERS LOSS OR DAMAGE THAT IS RELATED TO DEFECTS IN THE QUALITY REPLACEMENT PART. THIS WARRANTY DOES NOT COVER DAMAGE OR PART FAILURE DUE TO IMPROPER INSTALLATION, MISUSE, NEGLIGENCE, ABUSE, IMPROPER MAINTENANCE, ABNORMAL OPERATION, OR NORMAL WEAR & TEAR.

SHOULD A SUPPLIER OF A PART SPECIFIED IN OUR REPAIR ESTIMATE, OR THE REPAIR FACILITY THAT PERFORMS THE REPAIR ON YOUR VEHICLE, BE UNABLE TO RESOLVE A LEGITIMATE COMPLAINT ABOUT THE QUALITY REPLACEMENT PART USED IN THE REPAIR, WE WILL MAKE EVERY EFFORT TO SEE THAT THE PROBLEM IS CORRECTED.

THIS WARRANTY AND ANY REPRESENTATIONS MADE HEREIN ARE NON-TRANSFERABLE AND EXTEND ONLY TO THE PARTY OWNING/LEASING THE VEHICLE AT THE TIME OF THE REPAIR.

FOR ASSISTANCE, PLEASE CONTACT THE NEAREST REGIONAL CLAIM OFFICE OR YOU MAY ACCESS YOUR CLAIM BY VISITING WWW.BRISTOLWEST.COM.

AS THE VEHICLE OWNER, THE FINAL CHOICE AS TO WHICH PARTS WILL ACTUALLY BE USED IN THE REPAIRS IS YOURS. IF YOU PREFER PARTS OTHER THAN THOSE INCLUDED ON THE ESTIMATE, YOU SHOULD NOTIFY YOUR REPAIR FACILITY. SHOULD THE USE OF THOSE OTHER PARTS INCREASE THE REPAIR COST, YOU WILL BE EXPECTED TO PAY THE DIFFERENCE.

DISCLAIMER:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT INSURANCE CLAIM FOR THE PAYMENT OF A LOSS MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

THE LABOR AND TAX RATES USED WERE DETERMINED BY THE VEHICLE INSPECTION LOCATION UNLESS THE REPAIR FACILITY WAS KNOWN AT THE TIME OF THE INSPECTION OR ANOTHER LOCATION WAS SPECIFIED BEFORE THE ESTIMATE WAS PREPARED.

NO PAYMENT FOR A SUPPLEMENT WILL BE APPROVED OR ISSUED UNLESS THE REPAIRS WERE AUTHORIZED PRIOR TO COMPLETING THE SUPPLEMENTAL REPAIRS.

TO EXPEDITE THE HANDLING OF ANY SUPPLEMENTAL DAMAGES CLAIM, PLEASE HAVE THE APPROXIMATE AMOUNT OF ADDITIONAL DAMAGES AVAILABLE WHEN YOU CONTACT YOUR APPRAISER LISTED ON THE ESTIMATE. A REINSPECTION MAY NEED TO BE CONDUCTED. IF SO, IT WILL BE SCHEDULED WITHIN A REASONABLE TIME FRAME OF YOUR CONTACT. ALL SUPPLEMENTS MUST BE APPROVED BY A CLAIMS REPRESENTATIVE BEFORE REPAIRS ARE COMPLETED.

THIS IS NOT AN AUTHORIZATION TO REPAIR.

TO ENSURE REPAIRS WILL BE COMPLETED BASED ON THIS ESTIMATE; PLEASE PROVIDE A COPY TO THE REPAIR FACILITY PRIOR TO AUTHORIZING REPAIRS. FAILURE TO DO SO MAY RESULT IN YOU BECOMING RESPONSIBLE FOR PAYING UNAPPROVED EXPENSES.

Estimate of Record

2016 HOND Accord Sedan Sport w/Continuously Variable Transmission 4D SED 4-2.4L Gasoline Gasoline Direct Injection Blue

THIS IS NOT AN AUTHORIZATION TO REPAIR. THIS ESTIMATE MUST BE PRESENTED TO THE REPAIR FACILITY PRIOR TO THE START OF REPAIRS. IF THIS ESTIMATE IS NOT PRESENTED TO THE REPAIR FACILITY PRIOR TO THE START OF REPAIRS, YOU MAY BE RESPONSIBLE FOR ANY ADDITIONAL EXPENSES.

TO EXPEDITE THE HANDLING OF ANY SUPPLEMENTAL DAMAGES CLAIM, PLEASE HAVE THE APPROXIMATE AMOUNT OF ADDITIONAL DAMAGES AVAILABLE WHEN YOU CALL (714) 253-6094. POTENTIALLY, A REINSPECTION MAY BE CONDUCTED WITHIN HOURS OF YOUR CALL. ALL SUPPLEMENTS MUST BE APPROVED BY A CLAIMS REPRESENTATIVE BEFORE REPAIRS ARE COMPLETED. WE MUST BE NOTIFIED BY THE REPAIR FACILITY, AND PHYSICALLY INSPECT, ALL REQUESTS FOR SUPPLEMENTAL DAMAGE. FAILURE TO PROVIDE ADEQUATE NOTICE MAY RESULT IN NONPAYMENT OF ADDITIONAL CHARGES NOT CONTAINED IN THIS APPRAISAL.

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED:

MOTOR ABBREVIATIONS/SYMBOLS: D= DISCONTINUED PART, A= APPROXIMATE PRICE. LABOR TYPES: B= BODY LABOR, D= DIAGNOSTIC, E= ELECTRICAL, F= FRAME, G= GLASS, M= MECHANICAL, P= PAINT LABOR, S= STRUCTURAL, T= TAXED MISCELLANEOUS, X= NON TAXED MISCELLANEOUS. CCC ONE: ADJ= ADJACENT, ALGN= ALIGN, A/M= AFTERMARKET, BLND= BLEND, CAPA= CERTIFIED AUTOMOTIVE PARTS ASSOCIATION, D&R= DISCONNECT AND RECONNECT, EST= ESTIMATE, EXT. PRICE= UNIT PRICE MULTIPLIED BY THE QUANTITY, INCL= INCLUDED, MIS= MISCELLANEOUS, NAGS= NATIONAL AUTO GLASS SPECIFICATIONS, NON-ADJ= NON ADJACENT, O/H= OVERHAUL, OP= OPERATION, NO= LINE NUMBER, QTY= QUANTITY, RECOND= RECONDITION, REFN= REFINISH, REPL= REPLACE, R&I= REMOVE AND INSTALL, R&R= REMOVE AND REPLACE, RPR= REPAIR, RT= RIGHT, SECT= SECTION, SUBL= SUBLET, LT= LEFT, W/O= WITHOUT, W/_= WITH/_ SYMBOLS: #= MANUAL LINE ENTRY, *= OTHER [I.E..MOTORS DATABASE INFORMATION WAS CHANGED], **= DATABASE LINE WITH AFTERMARKET, N= NOTES ATTACHED TO LINE. OPT OEM= ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT.

"CURE TIME" MEANS THE LENGTH OF TIME THAT, PER THE ADHESIVE MANUFACTURER, THE WINDSHIELD ADHESIVE NEEDS TO CURE UNTIL THE WINDSHIELD CAN PROPERLY FUNCTION AS A SAFETY DEVICE PURSUANT TO THE FEDERAL MOTOR VEHICLE SAFETY STANDARDS AND THE VEHICLE MANUFACTURER'S SPECIFICATIONS.

Estimate of Record

2016 HOND Accord Sedan Sport w/Continuously Variable Transmission 4D SED 4-2.4L Gasoline Gasoline Direct Injection Blue

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARG4439, CCC Data Date 5/1/2019, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2019 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m= MOTOR Mechanical component. s= MOTOR Structural component. T= Miscellaneous Taxed charge category. X= Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D= Diagnostic labor category. E= Electrical labor category. F= Frame labor category. G= Glass labor category. M= Mechanical labor category. S= Structural labor category. (numbers) 1 through 4= User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.= Adjacent. Algn.= Align. ALU= Aluminum. A/M= Aftermarket part. Blnd= Blend. BOR= Boron steel. CAPA= Certified Automotive Parts Association. D&R= Disconnect and Reconnect. HSS= High Strength Steel. HYD= Hydroformed Steel. Incl.= Included. LKQ= Like Kind and Quality. LT= Left. MAG= Magnesium. Non-Adj.= Non Adjacent. NSF= NSF International Certified Part. O/H= Overhaul. Qty= Quantity. Refn= Refinish. Repl= Replace. R&I= Remove and Install. R&R= Remove and Replace. Rpr= Repair. RT= Right. SAS= Sandwiched Steel. Sect= Section. Subl= Sublet. UHS= Ultra High Strength Steel. N= Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR= Bureau of Automotive Repair. EPA= Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR= Paintless Dent Repair. VIN= Vehicle Identification Number.

Estimate of Record

2016 HOND Accord Sedan Sport w/Continuously Variable Transmission 4D SED 4-2.4L Gasoline Gasoline Direct Injection Blue

IF YOU HAVE COVERAGE FOR DAMAGE TO YOUR VEHICLE UNDER THIS POLICY IT IS OUR OBLIGATION TO INFORM YOU THAT UNDER CALIFORNIA CODE OF REGULATIONS, TITLE 10, CHAPTER 5, SECTION 2695.8(E) YOU HAVE THE RIGHT TO SELECT THE VEHICLE REPAIR FACILITY OF YOUR CHOICE.

AUTO BODY REPAIR CONSUMER BILL OF RIGHTS

A CONSUMER IS ENTITLED TO:

1. SELECT THE AUTO BODY REPAIR SHOP TO REPAIR AUTO BODY DAMAGE COVERED BY THE INSURANCE COMPANY. AN INSURANCE COMPANY SHALL NOT REQUIRE THE REPAIRS TO BE DONE AT A SPECIFIC AUTO BODY REPAIR SHOP.
2. AN ITEMIZED WRITTEN ESTIMATE FOR AUTO BODY REPAIRS AND, UPON COMPLETION OF REPAIRS, A DETAILED INVOICE. THE ESTIMATE AND THE INVOICE MUST INCLUDE AN ITEMIZED LIST OF PARTS AND LABOR ALONG WITH THE TOTAL PRICE FOR THE WORK PERFORMED. THE ESTIMATE AND INVOICE MUST ALSO IDENTIFY ALL PARTS AS NEW, USED, AFTERMARKET, RECONDITIONED, OR REBUILT.
3. BE INFORMED ABOUT COVERAGE FOR TOWING AND STORAGE SERVICES.
4. BE INFORMED ABOUT THE EXTENT OF COVERAGE, IF ANY, FOR A REPLACEMENT RENTAL VEHICLE WHILE A DAMAGED VEHICLE IS BEING REPAIRED.
5. BE INFORMED OF WHERE TO REPORT SUSPECTED FRAUD OR OTHER COMPLAINTS AND CONCERNS ABOUT AUTO BODY REPAIRS.
6. SEEK AND OBTAIN AN INDEPENDENT REPAIR ESTIMATE DIRECTLY FROM A REGISTERED AUTO BODY REPAIR SHOP FOR REPAIR OF A DAMAGED VEHICLE, EVEN WHEN PURSUING AN INSURANCE CLAIM FOR REPAIR OF THE VEHICLE.

COMPLAINTS WITHIN THE JURISDICTION OF THE BUREAU OF AUTOMOTIVE REPAIR

COMPLAINTS CONCERNING THE REPAIR OF A VEHICLE BY AN AUTO BODY REPAIR SHOP SHOULD BE DIRECTED TO:

TOLL FREE (866) 799-3811

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
BUREAU OF AUTOMOTIVE REPAIR
10240 SYSTEMS PARKWAY
SACRAMENTO, CA 95827

THE BUREAU OF AUTOMOTIVE REPAIR CAN ALSO ACCEPT COMPLAINTS OVER ITS WEB SITE AT:
WWW.AUTOREPAIR.CA.GOV

COMPLAINTS WITHIN THE JURISDICTION OF THE CALIFORNIA INSURANCE COMMISSIONER

ANY CONCERNS REGARDING HOW AN AUTO INSURANCE CLAIM IS BEING HANDLED SHOULD BE SUBMITTED TO THE CALIFORNIA DEPARTMENT OF INSURANCE AT:

(800) 927-HELP OR (213) 897-8921

CALIFORNIA DEPARTMENT OF INSURANCE
CLAIMS SERVICES BUREAU

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300 SOUTH SPRING STREET, SOUTH TOWER
LOS ANGELES, CA 90013

THE CALIFORNIA DEPARTMENT OF INSURANCE CAN ALSO ACCEPT COMPLAINTS OVER ITS WEB SITE AT:
WWW.INSURANCE.CA.GOV

SHOULD A SUPPLIER OF A PART SPECIFIED IN OUR REPAIR ESTIMATE, OR THE REPAIR FACILITY THAT PERFORMS THE REPAIR ON YOUR VEHICLE, BE UNABLE TO RESOLVE A LEGITIMATE COMPLAINT ABOUT THE QUALITY REPLACEMENT PART USED IN THE REPAIR, WE WILL PAY FOR THE COSTS ASSOCIATED WITH RETURNING THE PART AND THE COST TO REMOVE AND REPLACE THE NON ORIGINAL EQUIPMENT MANUFACTURER PART WITH A COMPLIANT NON ORIGINAL EQUIPMENT MANUFACTURER PART OR AN ORIGINAL EQUIPMENT MANUFACTURER PART.

IF THE ESTIMATE WAS PREPARED PRIOR TO YOU CHOOSING A REPAIR FACILITY AND YOU LATER CHOOSE ONE WITH DIFFERING LABOR RATES, WE SHALL PREPARE A NEW ESTIMATE USING THE PREVAILING LABOR RATES FOR YOUR CHOSEN REPAIR FACILITY. UPON RECEIPT OF A SUPPLEMENTAL ESTIMATE AND PHOTOS, WE MAY REQUIRE A PHYSICAL RE-INSPECTION.

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TIRE PARTS SUPPLIERS

Line	Supplier	Description	Price
2	Big O 14135 PIPELINE AVE CHINO CA 91710 (909) 548-6682	CONT 235/40R19 Pro Contact BW 92H B45%	\$ 219.99

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ALTERNATE PARTS USAGE

2016 HOND Accord Sedan Sport w/Continuously Variable Transmission 4D SED 4-2.4L Gasoline Gasoline Direct Injection Blue

VIN: [REDACTED] Production Date: 04/2016 Interior Color:
License: [REDACTED] Odometer: 43946 Exterior Color: Blue
State: CA Condition:

Alternate Part Type	# Of Available Parts	# Of Parts Selected
Aftermarket	0	0
Optional OEM	0	0
Reconditioned	0	0
Recycled	0	0



June 12, 2019

Phone:
Fax: (855) 822-3139
Email: docs@bristolwest.com
Bristol West Insurance
P.O. Box 258806
Oklahoma City, OK 73125-8806

Payment Log

Account Number: HHH535263
Date of Loss: 03/14/2019
Insured's Name: BRANDY AGUILAR
Claim Number: 5007308343-1

Unit Type	Claim Unit	Date Issued	Payee	Check Number	Payment Amount
Vehicle		05/13/2019	BRANDY AGUILAR		\$502.91
Payment Total:					\$502.91
Collections Total :					\$0.00
Deductible :					\$0.00
Grand Total :					\$502.91