

FIX AUTO - SANTEE

Workfile ID: 4b7a8bef
 Federal ID: 33-0648265
 BAR: AH162403

Commitment to Excellence

8835 CUYAMACA STREET, SANTEE, CA 92071

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Estimate**RO Number:**

Customer:	Insurance:	Adjuster:	Estimator:	Steve Lamb
O'Donnell, Mark	STATE FARM INSURANCE	Phone:	Create Date:	10/26/2013
13689 Shoal Summit Drive	8989 RIO SAN DIEGO DR	Claim:		
San Diego, CA 92128	SAN DIEGO, CA 92108-1647	Loss Date:		
(858) 220-4782		Deductible:		

Year:	2010	Style:	4D UTV	VIN:	1GYUCAEF2AR261021	Mileage In:
Make:	CADI	Color:	Black			Mileage Out:
Model:	ESCALADE 4X2	License:	6NGN513	Job Number:		Vehicle Out:

Line	Ver	Operation	Description	Qty	Extended Price \$	Type	Labor Type	Paint
1	E01		REAR DOOR					
2	E01	Repair	RT Outer panel Escalade				3.0 Body	2.3
3	E01		Add for Clear Coat					0.9
4	E01	Refinish	Basecoat Reduction					(0.4)
5	E01	Remove/Install	RT Reveal molding				0.4 Body	
6	E01	Remove/Install	RT Body side mldg				0.3 Body	
7	E01	Remove/Install	RT Door glass GM, Escalade w/o dark tint				0.5 Body	
8	E01	Repair	Clean & Retape Mldg				0.2 Body	
9	E01	Remove/Install	RT Handle, outside bright chrome				0.4 Body	
10	E01	Remove/Install	RT R&I trim panel				0.4 Body	
11	E01		QUARTER PANEL					
12	E01	Repair	RT Quarter panel				4.0 Body	2.4
13	E01		Overlap Major Adj. Panel					(0.4)
14	E01		Add for Clear Coat					0.4
15	E01	Repair	RT Qtr glass GM w/o dark tint				0.3 Body	
16	E01	Refinish	Basecoat Reduction					(0.2)
17	E01		REAR LAMPS					
18	E01	Remove/Install	RT Combo lamp assy				0.3 Body	
19	E01		REAR BUMPER					
20	E01	Remove/Install	R&I bumper cover				1.0 Body	
21	E01		Color tint / Color match				0.5 Body	
22	E01	Remove/Replace	Hazardous waste removal	1	2.00	Other		
23	E01	Repair	De-Nib & Polish				0.3 Body	

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					2.00
Labor, Body			42.00	11.6	487.20

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

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Estimate

RO Number:

Vehicle: 2010 CADILLAC ESCALADE 4X2 4D UTV 8-6.2L-FI Black

Labor, Refinish	42.00	5.0	210.00
Material, Paint			140.00
Subtotal			839.20
Sales Tax			11.20
Grand Total			850.40
Net Total			850.40

Estimate Version	Total \$
Original	850.40

Insurance Total \$:	850.40
Received from Insurance \$:	0.00
Balance due from Insurance \$:	850.40
Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

BAR # AH162403 ----- EPA # CAD 982016990

AUTHORIZATION FOR TEARDOWN AND INSPECT VEHICLE

ESTIMATE FOR TEARDOWN \$ _____

I hereby authorize FIX AUTO SANTEE to teardown and inspect vehicle, herein described, for the purpose of preparing an estimate. I hereby grant you and/or your employees permission to operate vehicle for the purpose of testing and/or inspection. We are not responsible for loss or damage to your vehicle from fire, theft, accidents, or any cause beyond our control. We are not responsible for personal items left in car.

NOTE: Disassembly will prevent reassembly of vehicle to condition as received.

AUTHORIZATION TO REPAIR AUTOMOBILE

ESTIMATE OF REPAIR \$ _____

I hereby authorize the repair work to be done with the necessary parts, labor and diagnosis. I hereby grant you and/or employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. We are not responsible for loss or damage to your vehicle from fire, theft, accidents, or any cause beyond our control. We are not responsible for personal items left in car.

AUTHORIZED SIGNATURE _____ DATE _____

If vehicle is returned to customer before authorized repairs are performed, a diagnostic and handling charge, including reassembly may be made

ADDITIONAL REPAIR AUTHORIZATION AMOUNT \$ _____ DATE _____

PHONE # _____ TIME _____

PERSON CONSENTING _____

ACKNOWLEDGE OF NOTICE AND CONSENT

"I acknowledge notice and verbal approval of an increase in the original estimate price.

AUTHORIZED SIGNATURE _____ DATE _____

PHONE # _____ TIME _____

PERSON CONSENTING _____

Under California Code of Regulations, Title 10, Chapter 5, Subchapter 8, Section 2695.8D.2.C, you are advised, that you have right to have your repair facility of your choice do the repairs to your vehicle. However, your insurance company can reasonable adjust any written estimate repaired by the repair shop of your choice. If you choose to use a repair facility suggested by your insurance company, they will guarantee the damaged vehicle to be

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