INSURANCE COMPANY

Adjuster: Gina Chapman,
Company: CENTRAL INSURANCE COMPANY
Office:
Address:
Phone:
Claim #: [redacted]
Policy #: [redacted]

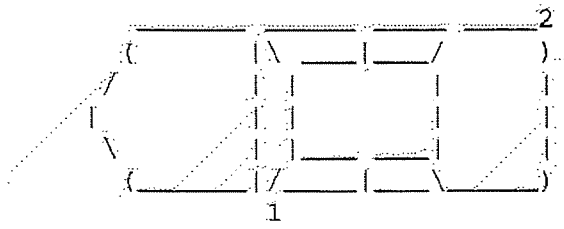
APPRAISAL COMPANY

Appraiser: Rose, Donnie
#1453952
Company: INSURANCE CLAIM AND APPRAIS
Office:
Address: 26669 IH 10 WEST #4
BOERNE, TX 78006
Phone: (210)698-8708
IA File ID: 183

Insured: [redacted]
Owner: [redacted]
Address: [redacted]
Georgetown, TX [redacted]

Loss Type: Collision
Day: [redacted]
Evening:

Vehicle: 2007 TOYO SOLARA SLE 6-3.3L-FI 2D CNVT
VIN: 4T1FA38P47U[redacted] **Odometer:** 9024 **Color:** red **License:** [redacted] TX
Driveable: NO **Primary Impact Point:** 10. Left Front Pillar (Left Side)
Secondary Impact Point: 5. Right Rear



Place of Inspection:
Round Rock Toyota
Round Rock, TX

ESTIMATE TO REPAIR			TOTAL LOSS VALUATION		
Estimate	$	5,304.55	**Vehicle Valuation**	$	0.00
Pre-Tax Subtotal	$	5,304.55	**Pre-Tax Subtotal**	$	0.00
Tax		217.93	Tax		0.00
After-Tax Subtotal	$	5,522.48	**After-Tax Subtotal**	$	0.00
Betterment		0.00			
Deductible		0.00	Deductible		0.00
Appearance Allowance		0.00			
0% Negligence		0.00	0% Negligence		0.00
Calculated Net Loss	$	5,522.48	**Calculated Net Loss**	$	0.00
Qual Recy Parts Not Included			**Valuation Request #**		
A/M Parts Not Included					
Opt OEM Parts Not Included					
Recond Parts Not Included					

SETTLEMENT
Settlement Type: REPAIRABLE
Negotiated Settlement: $5,522.48 on with
Settlement Outstanding: $5,522.48