

4070

Apollo Managing General Agency

CLAIMS ACCOUNT

P.O. BOX 1629  
ALLEN, TX 75013

BANK OF TEXAS  
www.bankoftexas.com  
00-0/000

PAYMENT FOR PROPERTY DAMAGE

DATE

August 06, 2015

AMOUNT

\$345.41

PAY THREE HUNDRED FORTY-FIVE AND 41/100 DOLLARS

TO THE  
ORDER  
OF

HIDALGO COUNTY  
9805 North 10th Street  
MCALLEN, TX 78504

VOID AFTER 180 DAYS

*Bryan K. Rose*  
AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

4070 110143251 8095174510

Apollo Managing General Agency  
CLAIMS ACCOUNT

4070

HIDALGO COUNTY  
9805 North 10th Street  
MCALLEN, TX 78504

DATE ISSUED: August 06, 2015  
ISSUING CODE: C  
AMOUNT: \$345.41  
REASON: Loss Payment  
ADJUSTER: Lia Franco  
CLAIM NUMBER: 2015-02636-A  
DATE OF LOSS: 05/28/2015  
INSURED: VICTOR HERNANDEZ  
CLAIMANT: HIDALGO COUNTY

ATTACHMENT(S)

Apollo Managing General Agency  
CLAIMS ACCOUNT

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CHECK:  
HIDALGO COUNTY  
9805 North 10th Street  
MCALLEN, TX 78504

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CLAIM NUMBER: 2015-02636-A  
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CLAIMANT: HIDALGO COUNTY

ATTACHMENT(S)

4071

Apollo Managing General Agency  
CLAIMS ACCOUNT  
P.O. BOX 1629  
ALLEN, TX 75013

BANK OF TEXAS  
www.bankoftexas.com  
00-0/000

PAYMENT FOR LOSS OF USE

DATE  
August 06, 2015

AMOUNT  
\$60.00

PAY SIXTY AND 00/100 DOLLARS

TO THE ORDER OF  
HIDALGO COUNTY  
9805 North 10th Street  
MCALLEN, TX 78504

VOID AFTER 180 DAYS

*Bryan K Nane*  
AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈4071⑈ ⑆111014325⑆ 8095174510⑈

Apollo Managing General Agency  
CLAIMS ACCOUNT

4071

HIDALGO COUNTY  
9805 North 10th Street  
MCALLEN, TX 78504

DATE ISSUED: August 06, 2015  
ISSUING CODE: C  
AMOUNT: \$60.00  
REASON: Loss Payment  
ADJUSTER: Lia Franco  
CLAIM NUMBER: 2015-02636-A  
DATE OF LOSS: 05/28/2015  
INSURED: VICTOR HERNANDEZ  
CLAIMANT: HIDALGO COUNTY

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INSURED: VICTOR HERNANDEZ  
CLAIMANT: HIDALGO COUNTY

Est ID: 4

ATTN Lt Jasso

Date: 06/11/2015 2:32 PM

# ER Paint Shop

122

Quality Body & Paint Repairs  
2420 w monte cristo rd  
edimburg tx 78541

956-386-0008 · 956-289-1939

Email: eloytrevino@att.net

## DAMAGE REPORT

Written by: ABF User

, SHERIFF DEPT

**OWNER**  
sheriff dept

**LOSS DATA**  
Vehicle Condition:  
Type of Loss:  
Point of Impact:  
Days To Repair:

**INSURANCE**  
Insured:  
Ins. Co:  
Adjuster:  
Phone: - -  
Claim No :  
Policy:  
Date of Loss: / /

Phone:  
: -383-8114

### VEHICLE

Year: 2005  
Make: FORD  
Model: tauru se  
Color: Clear Coat

VIN: 5A231129  
Prod Date: /  
Lic Plate:  
State:

Odometer: 0

L#	OPERATION Q	DESCRIPTION	TYPE	PRICE	LABOR	PAINT
		<b>REAR BUMPER</b>				
1	Repair	Bumper Cover			2.0	2.5*
2		Clear Coat				1.1
Line Totals -->				0.00	2.0	3.6

Continued on the Next Page...

sheriff dept  
2005 FORD tauru se Lic:

**DAMAGE REPORT**

<b>REPORT TOTALS</b>		<b>Amount</b>
<b>LABOR:</b>		
Body.....	2.0 Hrs @ \$ 40.00 Per Hour .....	= 80.00
Refinish.....	3.6 Hrs @ \$ 40.00 Per Hour .....	= 144.00
Frame/Structural.....	0.0 Hrs @ \$ 65.00 Per Hour .....	= 0.00
Mechanical.....	0.0 Hrs @ \$ 75.00 Per Hour .....	= 0.00
<b>PARTS &amp; MATERIAL:</b>		
Parts .....	.....	= 0.00
Paint Material.....	3.6 Hrs @ \$ 30.00 Per Hour .....	= 108.00
Body Material.....	2.0 Hrs @ \$ 0.00 Per Hour .....	= 0.00
<b>OTHER CHARGES:</b>		
Towing & Storage .....	.....	= 0.00
Hazardous Waste Removal.....	.....	= 4.50
Sublet/Misc.....	.....	= 0.00
<b>SUBTOTAL .....</b>		<b>336.50</b>
Sales Tax on 108.00 .....	.....	= 8.91
<b>TOTAL .....</b>		<b>\$ 345.41</b>

**- NOTICE -**

This estimate report is based upon our visual inspection and includes only the items listed on this report for repairs. Occasionally, after repair work is started, hidden or missed damage is found and additional costs may be necessary. All parts prices subject to actual invoice. This estimate report is valid for 60 days.

I hereby authorize repairs to my vehicle for the amount of this estimate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_