

Allstate Insurance Company - Claims Payment Processing
P.O. Box 660048 , Dallas, TX 75266 , United States



COUNTY OF HILDAGO
9805 N 10TH ST
MCALLEN TX 78504-9529

04/13/2020

COUNTY OF HILDAGO,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$1,168.15 FOR YOUR LOSS ON 1/6/2020.
PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0573910346
DATE OF LOSS: 01/06/2020
INSURED: ELVIA G SALINAS

In payment for Property Damage Liability for Date of Loss 1/6/2020.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
1-800-255-7828



355SW

0000020200413000950ZCT01001001001093

INSURED: ELVIA G SALINAS
CLAIMANT: HILDAGO COUNTY COMMISSIONER'S COURT
IN PAYMENT OF: LOSS ON 1/6/2020.

CLAIM NUMBER	
0573910346	
TAX ID	EMPLOYEE ID
	N5GJ
Bank of America NA Atlanta, DeKalb, City, Georgia	Bank of America Customer Connection
	64-1278 611

PAY: ONE THOUSAND ONE HUNDRED SIXTY-EIGHT DOLLARS AND FIFTEEN CENTS

1,168.15



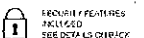
INVOICE NUMBER	MCO	DATE ISSUED	179117471
	5640	04/13/2020	

COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

TO THE COUNTY OF HILDAGO
ORDER 9805 N 10TH ST
OF MCALLEN TX 78504-9529

Suren K. Gupta
Samuel D. Pich

AUTHORIZED SIGNATURES



VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE

179117471 061112788 329 911 9562

**COLLISION CENTER AUTO BODY &
GLASS**

1610 N. MCCOLL, MCALLEN, TX 78501
Phone: (956) 686-4054

Workfile ID: 6cfe957b
PartsShare: 5J9yBt
Federal ID: 742570397

Preliminary Estimate

Customer: HIDTA TASK FORCE, HIDALGO COUNTY

Job Number:

Written By: ESEQUIEL RODRIGUEZ

Insured: HIDTA TASK FORCE,
HIDALGO COUNTY

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

Owner:

HIDTA TASK FORCE, HIDALGO COUNTY
(956) 638-2164 Business

Inspection Location:

COLLISION CENTER AUTO BODY & GLASS
1610 N. MCCOLL
MCALLEN, TX 78501
Repair Facility
(956) 686-4054 Business

Insurance Company:

VEHICLE

2017 CHEV Silverado 1500 LT1 Crew Cab 143.5" WB 4D SHORT 8-5.3L Flex Fuel Direct Injection

VIN: 3GCPCREOHG286050
License:
State:

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
Overdrive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors

DECOR

Dual Mirrors
Privacy Glass

CONVENIENCE

Air Conditioning
Tilt Wheel
Cruise Control
Keyless Entry
Message Center
Steering Wheel Touch Controls
Backup Camera

RADIO

AM Radio
FM Radio
Stereo
Search/Seek

CD Player

Auxiliary Audio Connection
Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Communications System

Hands Free Device

Xenon Headlamps

SEATS

Reclining/Lounge Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

TRUCK

Rear Step Bumper

Preliminary Estimate

Customer: HIDTA TASK FORCE, HIDALGO COUNTY

Job Number:

2017 CHEV Silverado 1500 LT1 Crew Cab 143.5" WB 4D SHORT 8-5.3L Flex Fuel Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR BUMPER					
2	**	Repl A/M CAPA Bumper assy chrome w/o park assist	84077953	1	986.00	2.4	
SUBTOTALS					986.00	2.4	0.0

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			986.00
Body Labor	2.4 hrs @	\$ 42.00 /hr	100.80
Subtotal			1,086.80
Sales Tax	\$ 986.00 @	8.2500 %	81.35
Grand Total			1,168.15
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,168.15

MyPriceLink Estimate ID / Quote ID:

646450123475263488 /

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. OCCASIONALLY WORN OR DAMAGED PARTS ARE DISCOVERED WHICH MAY NOT BE EVIDENT ON THE FIRST INSPECTION. NATURALLY, THIS ESTIMATE CAN NOT COVER SUCH CONTINGENCIES. IT IS THE POLICY OF COLLISION CENTER & GLASS THAT WORKMANSHIP IS GUARANTEED.

SHOP IS NOT RESPONSIBLE FOR ITEMS LEFT IN VEHICLES. RUST REPAIRS ARE NOT GUARANTEED. THIS ESTIMATE HAS BEEN REVIEWED WITH VEHICLE OWNER. FULL AMOUNT IS DUE AT DELIVERY UNLESS WE HAVE INSURANCE AUTORIZATION OF PAYMENT. IF THERE IS A DEDUCTABLE , I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT AT TIME OF DELIVERY. 100% SATISFACTION IS OUR GOAL. YOUR COMMENTS ARE VALUED AND APPRECIATED.

SIGNATURE _____ DATE _____