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2019 FEB 12 AM 10:35

OFFICE OF THE
COUNTY COUNCIL



MICHAEL P. VICTORINO
Mayor

PATRICK K. WONG
Acting Corporation Counsel

EDWARD S. KUSHI, JR.
First Deputy

LYDIA A. TODA
Risk Management Officer
Tel. No. (808) 270-7535
Fax No. (808) 270-1761

DEPARTMENT OF THE CORPORATION COUNSEL
COUNTY OF MAUI
200 SOUTH HIGH STREET, 3RD FLOOR
WAILUKU, MAUI, HAWAII 96793
EMAIL: CORPCOUN@MAUICOUNTY.GOV
TELEPHONE: (808) 270-7740
FACSIMILE: (808) 270-7152

February 12, 2019

MEMO TO: Michael J. Molina, Chair
Governance, Ethics, and Transparency Committee

F R O M: Moana M. Lutey, Deputy Corporation Counsel *M*

SUBJECT: Litigation Matters (GET-1)
Settlement Claim: State Farm Mutual Automobile Insurance
Company, as Subrogee of Reginald Balidoy
Claim No.: 30180603955-0001

Pursuant to Section 3.16.020 B of the Maui County Code, our Department respectfully requests the opportunity to discuss settlement of the above-referenced claim. It is anticipated that an executive session may be necessary to discuss questions and issues pertaining to the powers, duties, privileges, immunities, and liabilities of the County, the Council, and the Committee. There is no immediate deadline to this matter.

Copies of the claim, supporting documents and proposed resolution are enclosed. Our department would also like to request that a representative of the Department of Environmental Management be in attendance during discussion of this matter.

If you have any questions, please do not hesitate to contact me.

MML:chs

Enclosures

cc: Michael Miyamoto, Acting Director of Environmental Management

Resolution

No. _____

AUTHORIZING SETTLEMENT OF CLAIM NO. 30180603955-0001
OF STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY AS
SUBROGEE OF REGINALD BALIDOY

WHEREAS, State Farm Mutual Automobile Insurance Company, as Subrogee of Reginald Balidoy, filed Claim No. 30180603955-0001 on July 12, 2018, against the County of Maui for damages to Mr. Balidoy's vehicle resulting from sulfuric acid being discharged from an exhaust fan at the Department of Environmental Management's Waste Water Reclamation Facility lab building in Kihei on March 27, 2018; and

WHEREAS, Reginald Balidoy is insured for such damage by State Farm Mutual Automobile Insurance Company; and

WHEREAS, State Farm Mutual Automobile Insurance Company, as Subrogee of Reginald Balidoy, has alleged that the County of Maui is liable for the damage caused to their insured's property; and

WHEREAS, the County of Maui and State Farm Mutual Automobile Insurance Company, to avoid incurring expenses and the uncertainty of a judicial determination of the parties' respective rights and liabilities, have reached a proposed resolution of this claim by way of a negotiated settlement; and

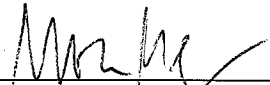
WHEREAS, having reviewed the facts and circumstances regarding this matter and being advised of attempts to reach resolution of this claim by way of a negotiated settlement by the Department of the Corporation Counsel, the Council wishes to authorize settlement; now, therefore,

Resolution No. _____

BE IT RESOLVED by the Council of the County of Maui:

1. That it hereby approves settlement of Claim No. 30180603955-0001 in the amount of NINE THOUSAND SEVEN HUNDRED SEVENTY-NINE AND 40/100 DOLLARS (\$9,779.40); and
2. That payment is authorized to satisfy settlement of this claim following the execution of the "Release of Property Damage Claim" by State Farm Mutual Automobile Insurance Company, as Subrogee of Reginald Balidoy; and
3. That certified copies of this Resolution be transmitted to the Mayor, the Director of Finance, the Director of Environmental Management, and the Corporation Counsel.

APPROVED AS TO FORM
AND LEGALITY:



MOANA M. LUTEY
Deputy Corporation Counsel
County of Maui
2018-0416

COUNTY OF MAUI

CLAIM FOR DAMAGE OR INJURY

RECEIVED

2018 JUL 17 PM 5:04

PLEASE PRINT CLEARLY

1. Claimant: Mr. Mrs. Ms. State Farm a/s/o Reginald Baildoy OFFICE OF THE COUNTY CLERK
2. Address: PO BOX 106172 Atlanta, GA 30348
3. Telephone No.: Business 615-692-7772 Residence _____
4. Date of Accident: 03/27/2018
5. Location of Accident: 4808 Welakahao Road
6. Amount of Claim: Property Damage \$ 250.00 Personal Injury \$ 250.00
7. Describe the accident in detail. Indicate all the facts, causes, persons involved, witnesses, extent of damage, etc., and why you think the County is responsible. You may write on the back if needed.

Debris from work area damaged our insured's vehicle.

8. If you carry insurance applicable to this claim, please provide the name and address of the insurance company and your policy number.

State Farm Insurance


Claim# 513478c46 Policy No. _____

A. Did you file a claim with your insurance company? _____

If yes, amount claimed \$ 250.00 Deductible amount \$ 250.00

B. If a claim was filed with your insurance company, what action do they intend to take?

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

 o/b/o State Farm
(Signature of Claimant)

07/12/2018
(Date)

(Rev 05/11/95)

July 12, 2018

Office Of The County Clerk- County Of Maui
200 S High St Bldg 6th
Wailuku HI 96793-2155

Subrogation Services
PO Box 106172
Atlanta GA 30348-6172

OFFICE OF THE
COUNTY CLERK

2018 JUL 17 PM 5: 04

RECEIVED

RE: Claim Number: 51-3478-C46
Our Insured: Reginald Balidoy
Date of Loss: March 27, 2018
Your Insured: Office Of The County Clerk- County Of Maui
Your Insured Driver: Office Of The County Clerk- County Of Maui
Loss Location: 4808 Welakahao Road, Kihei, HI

To Whom It May Concern:

Facts of Loss:

Our vehicle was damaged by debris from work area of loss

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm® paid by Cause of Loss:

| | |
|---------------------------------|------------|
| 041/045 - Uninsured Motorist BI | \$0 |
| 042 - Uninsured Motorist PD | \$0 |
| 300 series/400 - Comp/Collision | \$9333.20 |
| 501 - Rental/Loss of Use | \$196.20 |
| 600-050 - Med Pay/PIP | \$0 |
| Other | \$0 |
| Salvage Recovery | \$0 |
| Amount State Farm Paid | \$9,529.40 |
| Insured Deductible | \$250.00 |
| Total Claim Amount | \$9,779.40 |

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$9,779.40.

51-3478-C46

Page 2

July 12, 2018

Please remit payment of this claim and include our claim number on the payment. If you have any questions or need additional information, please call me at the number listed below. If I am not available, any other member of my team may assist you. Thank you for your cooperation.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provided for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Sincerely,

Brandon Bennett
Claim Specialist
(877) 787-8276 Ext. 6156927772
Fax: (866) 231-9276

State Farm Mutual Automobile Insurance Company

Enclosure

cc: 70173380000059476330



RBZ000MD
State Farm Mutual Automobile Insurance Company

Auto Rental Bills

Route To: Brandon Bennett

BASIC CLAIM INFORMATION

Claim Number: 51-3478-C46
Date of Loss: 03-27-2018
Policy Number: 0793-874-51C
Named Insured: BALIDOY, REGINALD

BALIDOY, REGINALD

BILL SUMMARY

Bill Information

| | |
|------------------------------------|-------------------------------|
| Invoice Number: 609087060999 | Claim Number: 51-3478-C46 |
| Rental Vendor: HERTZ LOCAL EDITION | Date of Loss: 03-27-2018 |
| Insured Name: BALIDOY, REGINALD | Received From Renter: \$49.05 |
| Renter Name: BALIDOY, REGINALD | Billed To Others: |
| Rental Start Date: 04-11-2018 | Amount Due: \$196.20 |
| Rental End Date: 04-16-2018 | Amount Paid To Date: \$196.20 |

Current Bill Status

| | |
|-------------------------|----------------------------|
| <u>Primary Status</u> | <u>Primary Reason(s)</u> |
| Reviewed | |
| <u>Secondary Status</u> | <u>Secondary Reason(s)</u> |
| Paid | |

Vehicle Information

| <u>Vehicle</u> | <u>Rental Start</u> | <u>Rental End</u> | <u>Assnd Class</u> | <u>Appr Class</u> | <u>Make</u> | <u>Model</u> |
|----------------|---------------------|-------------------|--------------------|-------------------|-------------|----------------|
| 01 | 04-11-2018 | 04-16-2018 | OT | FC | | EQUINOX FWD 1. |

Invoice Details

| <u>Vehicle</u> | <u>Description</u> | <u>Billed Party</u> | <u>Quantity</u> | <u>Rate (%) (\$)</u> | <u>Percent Covered</u> | <u>Extended Amount</u> |
|----------------|--------------------|---------------------|-----------------|----------------------|------------------------|------------------------|
| 01 | Daily Rental Rate | State Farm | 6 | 39.24 | 80.000 | \$188.35 |
| 01 | Daily Rental Rate | Renter | 6 | 39.24 | 20.000 | \$47.09 |
| 01 | Sales Tax | State Farm | 188.35 | 4.16 | 100.000 | \$7.85 |
| 01 | Sales Tax | Renter | 47.09 | 4.16 | 100.000 | \$1.96 |

| | | | |
|-----------------------|----------|------------------------------|----------|
| Subtotal Less Taxes : | \$235.44 | Received From Renter : | \$49.05 |
| Total Taxes : | \$9.81 | Amount Due From State Farm : | \$196.20 |

Date: 07-12-2018

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STATE FARM CONFIDENTIAL INFORMATION
Distribution on a Business Need to Know Basis Only

Date: 5/4/2018 03:36 PM
 Estimate ID: 51-3478-C4601
 Estimate Version: 2
 Supplement: 1 (F F) 5/4/2018 03:35:38 PM
 FINAL
 Profile ID: * StateFarm

STUDIO AUTO BODY

251 Lalo st. Unit H1, Kahului, HI 96732
 (808) 871-6454
 Fax: (808) 871-6484
 Email: studioautobodyinc@gmail.com

Damage Assessed By: Jeremiah Becker
 Supplemented By: Jeremiah Becker
 Classification: Field

Appraised For: Express Team E
 (855) 341-8184

Type of Loss: Comprehensive (Spec)
 Date of Loss: 3/27/2018
 Deductible: 250.00
 Claim Number: 51-3478-C4601

Insured: REGINALD BALIDOY
 Owner: REGINALD BALIDOY
 Address: 70 KUNIHU LN APT 423, KAHULUI, HI 96732-1384
 Telephone: Work Phone: (808) 875-5368 Home Phone: (808) 870-7829

Mitchell Service: 911810

Description: 2017 Toyota Tacoma TRD Sport
 Body Style: 4D PkUpCrw 8' Bed 141" WB Drive Train: 3.5L Inj 6 Cyl 4WD
 VIN: 3TMDZ5BN7HM023930
 OEM/ALT: O Search Code: None
 Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, AIR CONDITION
 CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, SLIDING REAR PICKUP WINDOW
 ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS
 REARVIEW CAMERA, TIRE INFLATION/PRESSURE MONITOR, ANTI-THEFT SYSTEM
 NAVIGATION SYSTEM, AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, HARD DRIVE
 HD RADIO, LEATHER STEERING WHEEL, SATELLITE RADIO, CD PLAYER
 POWER ADJUSTABLE EXTERIOR MIRROR, 4WD OR AWD, PRIVACY GLASS, TRIP COMPUTER
 FIRST ROW BUCKET SEAT, CLOTH SEAT, 4 WHEEL DRIVE, SIDE AIRBAGS
 AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION
 INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, MP3 PLAYER
 DAYTIME RUNNING LIGHTS, DRIVER SEAT WITH POWER LUMBAR SUPPORT
 ELECTRONIC STABILITY CONTROL, KEYLESS ENTRY SYSTEM, REAR BENCH SEAT
 SMART KEY SYSTEM, STEERING WHEEL AUDIO CONTROLS

| Line Item | Entry Number | Labor Type | Operation | Line Item Description | Part Type/ Part Number | Dollar Amount | Labor Units |
|---------------------|--------------|------------|----------------|--------------------------|---------------------------|---------------|-------------|
| <u>Front Bumper</u> | | | | | | | |
| 1 | 100002 | BDY | OVERHAUL | Frt Bumper Cover Assy | | | 2.9 # |
| 2 | 100846 | BDY | REPAIR | Frt Bumper Cover | Existing | | 1.5* |
| 3 | | REF | REFINISH | Frt Bumper Cover | | | 3.0 |
| <u>Grille</u> | | | | | | | |
| 4 | 100643 | REF | REFINISH | Grille | | | 1.2 |
| 5 | 100642 | BDY | REMOVE/INSTALL | Grille Assy | | | INC |
| 6 | 100967 | BDY | REPAIR | Grille Assembly | Existing | | 0.5* |
| <u>Front Lamps</u> | | | | | | | |
| 7 | 100644 | BDY | CHECK/ADJUST | Headlamps | | | 0.4 |
| 8 | 100845 | BDY | REMOVE/INSTALL | R Front Combination Lamp | | | 0.3 # |
| 9 | | BDY | REMOVE/INSTALL | Frt Bumper Cover | | | INC # |
| 10 | 100846 | BDY | REMOVE/INSTALL | L Front Combination Lamp | | | 0.3 # |
| <u>Hood</u> | | | | | | | |
| 11 | 100627 | REF | REFINISH | Hood Scoop | | | 0.5 |
| 12 | 100631 | BDY | REMOVE/INSTALL | Hood Scoop | | | 0.3 |

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 03/28/2018 13:41:23 51-3478-C4601
 Mitchell Data Version: OEM: MAR_18_V

Software Version: 7.1.227

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Date: 5/4/2018 03:36 PM
 Estimate ID: 51-3478-C4601
 Estimate Version: 2
 Supplement: 1 (F F) 5/4/2018 03:35:38 PM
 FINAL
 Profile ID: * StateFarm

| | | | | | | | | | |
|---------------------|----|--------|-----|----------------|-------------------------------|-------------|--|--------|--------|
| S1 | 13 | 100359 | BDY | REPAIR | Hood Panel | Existing | | | 3.5* |
| | 14 | | REF | REFINISH | Hood Outside | | | | 2.6 |
| <u>Front Fender</u> | | | | | | | | | |
| | 15 | 101105 | BDY | REPAIR | R Fender Panel | Existing | | | 1.5* # |
| | 16 | | REF | REFINISH | R Fender Outside | | | | 1.8 |
| | 17 | 101106 | BDY | REPAIR | L Fender Panel | Existing | | | 1.5* # |
| | 18 | | REF | REFINISH | L Fender Outside | | | | 1.8 |
| | 19 | 100632 | REF | REFINISH | R Fender Wheel Opening Flare | | | | 1.2 |
| | 20 | 100652 | REF | REFINISH | L Fender Wheel Opening Flare | | | | 1.2 |
| | 21 | 100633 | BDY | REMOVE/INSTALL | R Fender Mudguard | | | | 0.3 |
| | 22 | 102389 | BDY | REMOVE/INSTALL | L Fender Mudguard | | | | 0.3 |
| S1 | 23 | 102323 | BDY | REPAIR | R Fender Wheel Opening Mldg | Existing | | | 0.8* |
| S1 | 24 | 102324 | BDY | REPAIR | L Fender Wheel Opening Mldg | Existing | | | 0.8* |
| | 25 | 102325 | BDY | REMOVE/REPLACE | R Fender Clip 3@3.36 | 75395-35070 | | 10.08 | |
| | 26 | 102326 | BDY | REMOVE/REPLACE | L Fender Clip 3@3.36 | 75395-35070 | | 10.08 | |
| | 27 | 102327 | BDY | REMOVE/REPLACE | R Fender Clip 6@1.15 | 75396-35020 | | 6.90 | |
| | 28 | 102328 | BDY | REMOVE/REPLACE | L Fender Clip 6@1.15 | 75395-35020 | | 6.90 * | |
| <u>Windshield</u> | | | | | | | | | |
| | 29 | 102101 | GLS | REMOVE/INSTALL | Windshield | | | | 2.8 # |
| <u>Cab</u> | | | | | | | | | |
| | 30 | 100532 | REF | REFINISH | R Otr Roof Rail | | | | 1.6 |
| S1 | 31 | | REF | ADD'L LABOR OP | R Otr Roof Rail | | | | 1.0* |
| | 32 | 100533 | REF | REFINISH | L Otr Roof Rail | | | | 1.6 |
| S1 | 33 | | REF | ADD'L LABOR OP | L Otr Roof Rail | | | | 1.0* |
| | 34 | 100534 | REF | REFINISH | R Cab Corner Panel | | | | 1.6 |
| | 35 | 100535 | REF | REFINISH | L Cab Corner Panel | | | | 1.6 |
| S1 | 36 | 101437 | BDY | REPAIR | Cab Roof Panel | Existing | | | 4.5* |
| | 37 | | REF | REFINISH | Cab Roof Panel | | | | 2.5 |
| | 38 | 101217 | BDY | REMOVE/INSTALL | R Frt Roof Drip Moulding | | | | 0.4 |
| | 39 | 101218 | BDY | REMOVE/INSTALL | L Frt Roof Drip Moulding | | | | 0.4 |
| | 40 | 100222 | BDY | REMOVE/INSTALL | Satellite Radio Antenna | | | | 0.3 # |
| | 41 | 101219 | BDY | REMOVE/INSTALL | R Roof Luggage Rack | | | | 0.3 |
| | 42 | 101220 | BDY | REMOVE/INSTALL | L Roof Luggage Rack | | | | 0.3 |
| S1 | 43 | 101556 | BDY | REMOVE/INSTALL | Roof Headliner | | | | 4.8 # |
| <u>Front Door</u> | | | | | | | | | |
| | 44 | 100071 | BDY | REPAIR | R Frt Door Shell | Existing | | | 2.5* # |
| | 45 | | REF | REFINISH | R Frt Door Outside | | | | 1.8 |
| | 46 | 100072 | BDY | REPAIR | L Frt Door Shell | Existing | | | 2.5* # |
| | 47 | | REF | REFINISH | L Frt Door Outside | | | | 1.8 |
| | 48 | 100082 | REF | REFINISH | R Frt Mirror Cover | | | | 0.5 |
| | 49 | 100083 | REF | REFINISH | L Frt Mirror Cover | | | | 0.5 |
| | 50 | 100090 | BDY | REMOVE/INSTALL | R Frt Rear View Mirror | | | | 0.7 # |
| | 51 | 100091 | BDY | REMOVE/INSTALL | L Frt Rear View Mirror | | | | 0.7 # |
| | 52 | 100592 | BDY | REMOVE/REPLACE | R Frt Door Blackout Tape | 75921-04010 | | 32.44 | 0.2 # |
| | 53 | 100593 | BDY | REMOVE/REPLACE | L Frt Door Blackout Tape | 75922-04010 | | 32.44 | 0.2 # |
| | 54 | 100594 | BDY | REMOVE/REPLACE | R Frt Door Adhesive Nameplate | 75427-04030 | | 53.59 | 0.2 |
| | 55 | 100595 | BDY | REMOVE/REPLACE | L Frt Door Adhesive Nameplate | 75428-04010 | | 53.59 | 0.2 |
| | 56 | 102080 | BDY | REMOVE/INSTALL | R Frt Otr Door Handle | | | | 0.3 # |
| | 57 | | BDY | REMOVE/INSTALL | R Frt Door Trim Panel | | | | INC |
| | 58 | 102081 | BDY | REMOVE/INSTALL | L Frt Otr Door Handle | | | | 0.3 # |
| | 59 | | BDY | REMOVE/INSTALL | L Frt Door Trim Panel | | | | INC |
| | 60 | 101680 | BDY | REMOVE/INSTALL | R Frt Door Glass Run | Existing | | | 0.2 #r |
| | 61 | 100149 | BDY | REMOVE/INSTALL | L Frt Door Glass Run | Existing | | | 0.2 #r |
| <u>Rear Door</u> | | | | | | | | | |
| | 62 | 100386 | BDY | REPAIR | R Rear Door Shell | Existing | | | 2.5* |
| | 63 | | REF | REFINISH | R Rear Door Outside | | | | 1.9 |
| | 64 | 100387 | BDY | REPAIR | L Rear Door Shell | Existing | | | 2.5* |
| | 65 | | REF | REFINISH | L Rear Door Outside | | | | 1.9 |
| | 66 | 100331 | BDY | REMOVE/INSTALL | R Rear Otr Door Belt Moulding | | | | 0.2 |
| | 67 | 102203 | BDY | REMOVE/REPLACE | R Rear Door Blackout Tape | 75923-04010 | | 30.54 | 0.2 # |
| | 68 | 102204 | BDY | REMOVE/REPLACE | L Rear Door Blackout Tape | 75924-04010 | | 30.54 | 0.2 # |
| | 69 | 101772 | BDY | REMOVE/INSTALL | R Rear Otr Door Handle | | | | 0.3 |

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 03/28/2018 13:41:23 61-3478-C4601

Mitchell Data Version: OEM: MAR_18_V

Software Version: 7.1.227

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Page 2 of 5

Date: 5/ 4/2018 03:36 PM
 Estimate ID: 51-3478-C4601
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 Supplement: 1 (F F) 5/ 4/2018 03:35:38 PM
 FINAL
 Profile ID: * StateFarm

| | | | | | | | | |
|----|--------|--------|----------------|---|-------------------------------------|-------------------|----------|---------|
| 70 | 101773 | BDY | REMOVE/INSTALL | L Rear Otr Door Handle | | | | 0.3 |
| 71 | 100347 | BDY | REMOVE/INSTALL | R Rear Upr Door Glass Run | Existing | | | 0.2 r |
| 72 | 100348 | BDY | REMOVE/INSTALL | L Rear Upr Door Glass Run | Existing | | | 0.2 r |
| | | | | <u>Back Window</u> | | | | |
| S1 | 73 | 100314 | GLS | REMOVE/INSTALL | Back Window Glass | | | 2.4 # |
| | | | | <u>Pickup Bed</u> | | | | |
| | 74 | 102050 | BDY | REMOVE/INSTALL | Bed Assembly | | | INC |
| S1 | 75 | 102051 | BDY | REMOVE/INSTALL | R Bed Side Panel | | | 5.0 # |
| S1 | 76 | 102052 | BDY | REMOVE/INSTALL | L Bed Side Panel | | | 2.1 # |
| | 77 | 102054 | BDY | REMOVE/INSTALL | R Bed Rail Protector | | | 0.3 |
| | 78 | 102055 | BDY | REMOVE/INSTALL | L Bed Rail Protector | | | 0.3 |
| | 79 | 100560 | BDY | REPAIR | R Pickup Bed Side Panel Assy | Existing | | 3.0* # |
| | 80 | | REF | REFINISH | R Bed Side Panel Outside | | | 3.1 |
| | 81 | 100561 | BDY | REPAIR | L Pickup Bed Side Panel Assy | Existing | | 3.0* # |
| | 82 | | REF | REFINISH | L Bed Side Panel Outside | | | 2.9 |
| | 83 | 101677 | BDY | REMOVE/INSTALL | R Pickup Bed Mudguard | | | 0.2 |
| | 84 | 101678 | BDY | REMOVE/INSTALL | L Pickup Bed Mudguard | | | 0.2 |
| | 85 | 102003 | BDY | REMOVE/REPLACE | R Frt Lwr Pickup Bed Moulding | 75631-04040 | 19.11 | 0.2 |
| | 86 | 102004 | BDY | REMOVE/REPLACE | L Frt Lwr Pickup Bed Moulding | 75641-04040 | 19.11 | 0.2 |
| S1 | 87 | 102011 | BDY | REPAIR | R Pickup Bed Wheel Opening Moulding | Existing | | 1.0* |
| | 88 | | REF | REFINISH | R Pickup Bed Wheel Opening Mldg | | | 1.2 |
| S1 | 89 | 102012 | BDY | REPAIR | L Pickup Bed Wheel Opening Moulding | Existing | | 1.0* |
| | 90 | | REF | REFINISH | L Pickup Bed Wheel Opening Mldg | | | 1.2 |
| | 91 | 102013 | BDY | REMOVE/REPLACE | R Pickup Bed Moulding Clip 3@3.36 | 75395-35070 | 10.08 | |
| | 92 | 102014 | BDY | REMOVE/REPLACE | L Pickup Bed Moulding Clip 3@3.36 | 75395-35070 | 10.08 | |
| | 93 | 102015 | BDY | REMOVE/REPLACE | R Pickup Bed Moulding Clip 6@1.15 | 75396-35020 | 6.90 | |
| | 94 | 102016 | BDY | REMOVE/REPLACE | L Pickup Bed Moulding Clip 6@1.15 | 75396-35020 | 6.90 | |
| | 95 | 102005 | BDY | REMOVE/REPLACE | R Frt Pickup Bed Protector | ORDER FROM DEALER | 32.90 | 0.3 # |
| | 96 | 102006 | BDY | REMOVE/REPLACE | L Frt Pickup Bed Protector | ORDER FROM DEALER | 32.90 | 0.3 # |
| | 97 | 101947 | BDY | REMOVE/REPLACE | R Rear Pickup Bed Protector | 76927-04010 | 19.68 | 0.3 # |
| | 98 | 101948 | BDY | REMOVE/REPLACE | L Rear Pickup Bed Protector | 76928-04010 | 19.68 | 0.3 # |
| | 99 | 101945 | BDY | REMOVE/REPLACE | R Rear Pickup Bed Moulding | 75632-04010 | 26.55 | 0.2 |
| | 100 | 101946 | BDY | REMOVE/REPLACE | L Rear Pickup Bed Moulding | 75642-04010 | 26.55 | 0.2 |
| | | | | <u>Tailgate</u> | | | | |
| | 101 | 101331 | BDY | REMOVE/INSTALL | Tailgate Assembly | | | INC |
| | 102 | 101334 | BDY | REPAIR | Tailgate Shell | Existing | | 2.5* |
| | 103 | | REF | REFINISH | Tailgate Outside | | | 1.6 |
| | 104 | 101411 | BDY | REMOVE/REPLACE | Tailgate Adhesive Nameplate | 75473-04050 | 25.74 | 0.2 |
| | 105 | 101385 | BDY | REMOVE/REPLACE | Tailgate Adhesive Nameplate | 75473-0C030 | 36.06 | 0.2 |
| | | | | <u>Rear Lamps</u> | | | | |
| | 106 | 101570 | BDY | REMOVE/INSTALL | R Rear Combination Lamp | | | INC |
| | 107 | 101571 | BDY | REMOVE/INSTALL | L Rear Combination Lamp | | | INC |
| | | | | <u>Rear Bumper</u> | | | | |
| | 108 | 101541 | BDY | REMOVE/INSTALL | Rear Bumper Assy | | | INC |
| S1 | 109 | 100550 | BDY | REMOVE/REPLACE | Rear Bumper Pad | 52057-04020 | 301.04 | 0.4 # |
| | | | | <u>Additional Costs & Materials</u> | | | | |
| | 110 | 936014 | | ADD'L COST | Flex Additive | | | 10.00 * |
| | | | | <u>Additional Operations</u> | | | | |
| | 111 | 933003 | REF | ADD'L OPR | Tint Color | | | 0.5* |
| | 112 | 933005 | BDY | ADD'L OPR | Restore Corrosion Protection | | | 0.8* |
| | 113 | 933007 | REF | ADD'L OPR | Feather, Prime & Block | | | 2.0* |
| | 114 | | REF | ADD'L OPR | Finish Sand And Buff | | | 11.3 |
| | 115 | 933018 | REF | ADD'L OPR | Mask For Overspray | | 5.00 | 0.5* |
| | | | | <u>Additional Costs & Materials</u> | | | | |
| | 116 | | | ADD'L COST | Paint/Materials | | 1,430.40 | * |
| | 117 | | | ADD'L COST | Hazardous Waste Disposal | | 8.00 | * |

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 03/28/2018 13:41:23 51-3478-C4601

Mitchell Data Version: OEM: MAR_18_V

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Software Version: 7.1.227

Date: 5/4/2018 03:36 PM
 Estimate ID: 51-3478-C4601
 Estimate Version: 2
 Supplement: 1 (F F) 5/4/2018 03:35:38 PM
 FINAL
 Profile ID: * StateFarm

* - Judgment Item
 # - Labor Note Applies
 r - CEG R&R Time Used For This Labor Operation

Estimate Totals

| I. Labor Subtotals | Units | Rate | Add'l Labor Amount | Sublet Amount | Totals | II. Part Replacement Summary | Amount |
|---|--------------|--------|--------------------------|------------------|----------------------------|--------------------------------|---------------|
| Body | 82.9 | 50.00 | 0.00 | 0.00 | 3,145.00 T | Taxable Parts | 860.38 |
| Refinish | 56.5 | 50.00 | 5.00 | 0.00 | 2,830.00 T | Parts Adjustments | 344.15 |
| Glass | 5.2 | 110.00 | 0.00 | 0.00 | 572.00 T | Sales Tax @ 4.166% | 50.18 |
| | | | | | Taxable Labor 6,547.00 | Total Replacement Parts Amount | 1,254.71 |
| | | | | | Labor Tax @ 4.166 % 272.75 | | |
| Labor Summary | 124.6 | | | | 6,819.75 | | |
| III. Additional Costs | | | | | Amount | IV. Adjustments | Amount |
| Taxable Costs | | | | | 1,448.40 | Insurance Deductible | 250.00- |
| Sales Tax @ 4.166% | | | | | 60.34 | Customer Responsibility | 250.00- |
| Total Additional Costs | | | | | 1,508.74 | | |
| Paint Material Method: Rates Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00 | | | | | | | |
| | | | | | | I. Total Labor: | 8,819.75 |
| | | | | | | II. Total Replacement Parts: | 1,254.71 |
| | | | | | | III. Total Additional Costs: | 1,508.74 |
| | | | | | | Gross Total: | 9,583.20 |
| | | | | | | IV. Total Adjustments: | 250.00- |
| | | | | | | Net Total: | 9,333.20 |
| | | | | | | Less Original Net Total: | 7,803.57 |
| | | | | | | Net Supplement Amount: | 1,529.63 |
| | | | | | | S1: Jeremiah Becker | 1,529.63 |

Register online to check the status of your claim and stay connected with State Farm®. To register, go to www.statefarm.com and select Check the Status of a Claim. If you are already registered, thank you!

Insurance Co: State Farm

Inspection Site: RESIDENCE - REGINALD BALIDOY
 Address: 70 KUNIH LN APT 423
 KAHULUHI, HI 96732-1384
 (808) 870-7829

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 03/28/2018 13:41:23 51-3478-C4601

Mitchell Data Version: OEM: MAR_18_V

Software Version: 7.1.227

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Date: 5/4/2018 03:36 PM
Estimate ID: 51-3478-C4601
Estimate Version: 2
Supplement: 1 (F F) 5/4/2018 03:35:38 PM
FINAL
Profile ID: * StateFarm

Body Shop: Studio Auto Body Inc.
Address: 251 Lalo St Unit H1
Kahului, HI 96732-2996
Email: studioautobodyinc@gmail.com

Cycle Time Information

Drop Off Date and Time: 4/12/2018 Time: 08:00
Promise Date: 5/4/2018
Vehicle Pick Up Date and Time: 5/4/2018 Time: 03:30

Repair Dates:
Start Date: 4/12/2018
Completion Date: 5/4/2018

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 03/28/2018 13:41:23 51-3478-C4601

Mitchell Data Version: OEM: MAR_18_V

Software Version: 7.1.227

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RBZ0003H
State Farm Mutual Automobile Insurance Company

Auto Payments

Route To: Brandon Bennett

BASIC CLAIM INFORMATION

Claim Number: 51-3478-C46
Date of Loss: 03-27-2018
Policy Number: 0793-874-51C
Named Insured: BALIDOY, REGINALD

PAYMENTS

C denotes consolidated payment
E denotes EFT payment
P previously converted payment from CAT/CMR

| <u>Payment Number</u> | <u>Issued Date</u> | <u>Payee</u> | <u>Status</u> | <u>Amount</u> | <u>Auth ID</u> |
|-----------------------|--------------------|----------------------|---------------|---------------|----------------|
| 115727075K E | 05-04-2018 | STUDIO AUTO BODY INC | Paid | \$9,333.20 | ECSAPY |
| 115691236K E | 04-18-2018 | HERTZ LOCAL EDITION | Paid | \$196.20 | ECSAPY |
| Grand Total: | | | | \$9,529.40 | |

Date: 07-12-2018

Page 1

STATE FARM CONFIDENTIAL INFORMATION
Distribution on a Business Need to Know Basis Only

not
CWS
M

September 19, 2018

Jackie Ngo
Sedgwick Claims Management Service, Inc.
PO Box 51350
Ontario CA 91761-1035

Subrogation Services
PO Box 106172
Atlanta, GA 30348-6172

RE: Claim Number: 51-3478-C46
Our Insured: Reginald Balidoy
Responsible Party: Office Of The County Clerk- County Of Maui
Date of Loss: March 27, 2018
Amount of Release: \$9779.40
Your File Number: 30180603955-0001 ✓

To Whom It May Concern:

Enclosed is your release which we have executed.

Please forward payment payable to:

State Farm Mutual Automobile Insurance Company

State Farm Insurance Company
ATTN: Subrogation Services
P.O. Box 106172
Atlanta, GA 30348-6172

Thank you for your prompt attention to this matter.

If you have any questions or need additional information, please call me at the number listed below. If I am not available, any other member of my team may assist you.

01-02-60
11111111

51-3478-C46
Page 2
September 19, 2018

Sincerely,

Brandon Bennett
Claim Specialist
(877) 787-8276 Ext. 6156927772
Fax: (866) 231-9276

State Farm Mutual Automobile Insurance Company

Enclosure

09-30-18
CEN 09:18