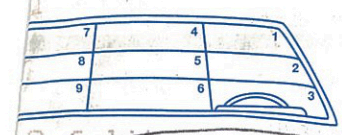

Customer Service Center 1-800-835-2257

WORK ORDER

Safelite
43035 DOUGLAS CT #128
STERLING, VA. 20166
** SERVICE QUESTIONS **
** CALL 703 236-4200 **

ORG DATE: 08-23-11 STORE WO# 779607
09-10-11 10:17:04 1-972-000-779607-W VB
RFL# 257020 Addr As: [redacted]
INSURED [redacted]

Mack (703) 357-5808

PRIMARY : [redacted]
ALTRNATE: [redacted]

LIBERTY MUTUAL INSURANCE
175 BERKELEY ST.
BOSTON, MA 02117 0000

800 367-5566
214616-000838-214616 PAGE 1

POLICY #: AOG2383414384006
CLM#: 013346548000l
ATH/VER: EDI /RD1
PO#/REF:
LOSS LOC: CENTREVILLE VA
LOSS DATE/CAUSE: 06-21-11
ROCK FROM ROAD - NO ONE HAU

WORK ORDER WA101-779607

YEAR	MAKE	MODEL	BODY STYLE	MILEAGE	LICENSE	ST	STOCK #
1992	ACURA	NSX	2 DOOR COUPE		UNK	VA	

VEHICLE ID # | JH| 4| NI| A1| 11| 1| 5| 0| N| T| 0| 0| 0| 7| 0| 3| VERIFIED BY

QTY	PART #	LIST	SELLING	LABOR	KITTYPE KIT	MTRL EXTENSION
1	MISCFCW	952.13	952.13	30.00		982.13

Replace with new 067287 - 73111-SL0-006 WINDSHIELD
PART # :MISCFCW..PO#135513..LOC#/VNDR#06J0766..DELIVERY DATE/TIME:INSTOCK

1 MISCMOLD
Replace with new 067862 - MISC MOLDING
PART # :MISCMOLD..PO#140015..LOC#/VNDR#06J0766..DELIVERY DATE/TIME:UNKNOWN

PAID CK #3514

_____ Initial here if replaced parts should be saved for inspection or returned.

PRE-INSPEC; NO DAMAGE

PART SUB TOTAL	982.13
LABOR SUB TOTAL	0.00
SUB TOTAL	982.13
SALES TAX	49.11
DEDUCTIBLE	100.00
INSURANCE TOTAL	931.24

INSTALLER INFORMATION

MOBILE 09-10-11 06101-30 MIN *NO-COVER*
AVAIL TIME: 08:00AM NEEDED BY: 05:00PM *04*
ADDRESS: 5104 Woodfield Dr CITY: Centreville
BLDG: SUITE: ZIP: 20120
XST1: XST2:
CMT: *LTD AVAIL PT* CUST NOT AVAIL BEFORE 2

CLAIMANT

WS REPAIR POSSIBLE: YES ___ NO XX CUST INITIALS: ACCEPTED_____ DECLINED_____
Page #:_____ Grid #:_____

Original Estimate $1,031.24 I authorize Safelite to provide the above-referenced goods and services and to install glass and related parts that are manufactured by Safelite or another aftermarket manufacturer. Subject to completion of the work, I assign to Safelite any claim that I have under my insurance policy to recover, and authorize my insurance company to pay to Safelite, the balance due. If said amount is not paid in full by my insurance company, I agree to pay any unpaid balance. I have read and understand the Adhesive Cure Time Caution on the back of this form.

Customer's signature [redacted] Date 9/10/2011

If your check is unpaid for insufficient or uncollected funds, we may electronically debit your account for the principal check amount and a service fee as allowable by law. You have the right to select the repair facility of your choice.

Revised Estimate $ _____ Reason _____ Add'l Cost $ _____
Authorized by _____ Phone _____ Date _____ Time _____
AMOUNT TO COLLECT FROM CUSTOMER: 100.00 TENDER _____
Adhesive Brand B Part No 3001010B Lot No _____ SAFE TO DRIVE VEHICLE AFTER 1:00 AM PM

CUSTOMER COPY - FINAL

ZGTS-INV (1/10)