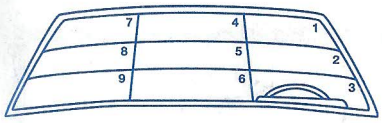

Customer Service Center 1-800-835-2257

WORK ORDER 01564-011223

Safelite MVR#7108681
446 W. 54TH ST
NEW YORK, NY. 10019
** SERVICE QUESTIONS **
** CALL 631 864-9024 **

ORG DATE: 01-17-13 CTU WO # 011223
01-17-13 13:58:30 000-000-011223-W VB
RFL# 169516 Addr Os: MR/MRS CELLARD DU S
INSURED GUILLAUME CELLARD DU SORDET
xxxxxxxxxxxxxx
ASTORIA, NY 11102
PRIMARY : xxxxxxxxxxxxxxx
ALTRNATE:
POLICY #: 4037918132
CLM#: 042533648010101012
ATH/VER: EDI /WEB
PO#/REF:
LOSS LOC:
LOSS DATE/CAUSE: 01-06-13

GEICO
ATTN: GLASS TEAM
ONE GEICO CENTER
MACON,GA 31295 0000

800 510-2291
913360-060035-913360 PAGE 1

WORK ORDER 01564-011223

YEAR	MAKE	MODEL	BODY STYLE	MILEAGE	LICENSE	ST	STOCK #
2009	FORD	FLEX					

VEHICLE ID # 2FMGK6D87BBA07839 VERIFIED BY

QTY	PART #	LIST	SELLING	LABOR	MITTYPE KIT	MTRL	EXTENSION
1	WSREPAIR			60.00			60.00

Replace with new - FRONT WINDSHIELD:
PART # :WSREPAIR

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

PART SUB TOTAL	0.00
LABOR SUB TOTAL	60.00
SUB TOTAL	60.00
SALES TAX	5.33
INSURANCE TOTAL	65.33

P # xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx

INSTALLER INFORMATION
IN-STORE 01-18-13 09:00A-09:30A #01564-
AVAIL TIME: 09:00AM NEEDED BY: 12:00AM WAITING
ADDRESS: CITY:
WINDSHIELD REPAIR POSSIBLE: YES __ NO __
CUST INITIALS: ACCEPTED_____ DECLINED_____
CMT:

CLAIMANT

Original Estimate $65.33 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 _____ Date 1/18/12

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: 0.00 TENDER _____
Adhesive Brand _____ Part No _____ Lot No _____ SAFE TO DRIVE VEHICLE AFTER _____ AM PM

CUSTOMER COPY - FINAL

CUSTOMER COPY - FINAL

GTS INVOICE (1/12)