Policy Number:FLCA-1926-02728Name of Insured:BURA TRANSPORT INCName of Agent:ALEX RUE INSURANCE AGENCY, INC.Carrier Name:Benchmark Insurance Company



Policy Period: 12/28/2023 TO 12/28/2024

Claim #:FLBN24100113Date Open:10/31/2024Description of Accident:		Date Closed:		(Accident State: Claim Status: IV changed lanes :	CA Old Claim #: Open Insured: BURA TRANSPORT INC and struck OV. OVD sustained injuries.			2	Unit #: Driver: BURA ASHISH					
<u>Claimant</u>		Line/Cov	<u>St</u>	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Other</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> <u>Recover</u>	<u>Subro</u> <u>Recover</u>	
MACHADO D	OMINIC	19.4/6111	0	\$0.00	\$0.00	\$0.00	\$25,000.00	\$5,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
UNK UNK		19.4/6112	С	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Group Total	Group Total for Claim No: FLBN24100113		\$0.00	\$0.00	\$0.00	\$25,000.00	\$5,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00		

SUB TOTALS for Policy Period: 12/28/2023 TO 12/28/2024

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Other</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> <u>Recover</u>	<u>Subro</u> <u>Recover</u>
TOTALS IN PERIOD:	\$0.00	\$0.00	\$0.00	\$25,000.00	\$5,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 1

GRAND TOTALS

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> Med Resv	<u>Gross</u> Incurred	<u>Other</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> <u>Recover</u>	<u>Subro</u> <u>Recover</u>
GRAND TOTALS:	\$0.00	\$0.00	\$0.00	\$25,000.00	\$5,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 1