Policy Number: 1BWHCA1901463300-00

Name of Insured:

I TRUCK U INC

Name of Agent: Carrier Name:

AMERIGO INSURANCE AGENCY

Accredited Surety and Casualty Company Inc.



LOSS RUN BY POLICY

WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

Policy Period: 01/18/2024 TO 01/18/2025

Claim #: WHAC24090109 Date of Loss: 09/20/2024 Accident State: TX Old Claim#: Unit Number: 2

Date Open: 09/20/2024 Date Closed: 10/21/2024 Claim Status: Closed Driver: GERA CHANKEY

Description of Accident: IV HIT OV WHILE MAKING RIGHT TURN AT FULL STOP.

<u>Claimant</u>	Line/Cov	<u>St</u>	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	Subro Recover
HERNANDEZ ELIZABETH Group Total for Claim No: WH	19.4/110 [AC24090109	С	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00

SUB TOTALS for Policy Period: 01/18/2024 TO 01/18/2025

	Loss Paid	Med Paid	Exp Paid	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> Med Resy	<u>Gross</u> Incurred	Expense Recover	<u>Deduct</u> Recover	<u>Salvage</u> Recover	<u>Subro</u> Recover
TOTALS IN PERIOD:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 1

GRAND TOTALS

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> <u>Incurred</u>	Expense Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	<u>Subro</u> <u>Recover</u>
GRAND TOTALS:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 1

Claims Activity as of 12/19/2024 Run Date: 12/20/2024 3:29:11PM Page 1 of 1