

Policy Number: 1BWHCA1901463670-00
Name of Insured: TPS TRANSPORT INC
Name of Agent: AMERIGO INSURANCE AGENCY
Carrier Name: Accredited Surety and Casualty Company Inc.



LOSS RUN BY POLICY

WHITEHILL AGENCY/BRAZOS SPECIALTY RISK
Policy Period: 04/10/2024 TO 04/10/2025

Claim #:	WHAC24100076	Date of Loss:	10/10/2024	Accident State:	CO	Old Claim#:		Unit Number:					
Date Open:	10/11/2024	Date Closed:	02/14/2025	Claim Status:	Closed	Driver:	SINGH SUKHDEV						
Description of Accident:	OV HIT IV WHILE MOVING OUT OF THE PARKING LOT.												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
UNK UNK	19.4/110	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHAC24100076			\$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: 04/10/2024 TO 04/10/2025

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro 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	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
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											