Policy Number: WHI01000001322-01

Name of Insured: WESTERN RELOAD INC

Name of Agent: AMERIGO INSURANCE AGENCY

Carrier Name: Accredited Surety and Casualty Company Inc.



Policy Period: 02/07/2024 TO 02/07/2025

Claim #: WHAC24110109 Date of Loss: 11/13/2024 Accident State: CA Old Claim #: Unit #: 41

 Date Open:
 11/15/2024
 Date Closed:
 Claim Status:
 Open
 Insured:
 WESTERN RELOAD INC
 Driver:
 KUMAR SONU

**Description of Accident:** OV hit IV trailer from the passenger side.

<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	Other Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	<u>Subro</u> <u>Recover</u>
UNK UNK	19.4/110	0	\$0.00	\$0.00	\$0.00	\$5,000.00	\$500.00	\$0.00	\$5,500.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WH	AC24110109		\$0.00	\$0.00	\$0.00	\$5,000.00	\$500.00	\$0.00	\$5,500.00	\$0.00	\$0.00	\$0.00	\$0.00

SUB TOTALS for Policy Period: 02/07/2024 TO 02/07/2025

	Loss Paid	Med Paid	Exp Paid	Current	<u>Current</u>	Current	Gross	<b>Other</b>	<b>Deduct</b>	<b>Salvage</b>	Subro
				Loss Resv	Exp Resv	Med Resv	<u>Incurred</u>	Recover	Recover	Recover	Recover
TOTALS IN PERIOD:	\$0.00	\$0.00	\$0.00	\$5,000.00	\$500.00	\$0.00	\$5,500.00	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 1

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Policy Number: WHI01000001322-01

Name of Insured: WESTERN RELOAD INC

Name of Agent: AMERIGO INSURANCE AGENCY

Carrier Name: Sutton Specialty Insurance Company



## Policy Period: 02/07/2024 TO 02/07/2025

Date Open: 04/25/2024 Date Closed: Claim Status: Open Insured: WESTERN RELOAD INC Driver: CHAHAL SANDEEP SINGH

**Description of Accident:** IV struck OV while parked at the Dock.

<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	Other Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	<u>Subro</u> <u>Recover</u>
WESTHILL TRUCKING LLC	19.4/33	C	\$16,670.48	\$0.00	\$735.00	\$0.00	\$0.00	\$0.00	\$17,405.48	\$0.00	\$0.00	\$0.00	\$0.00
DEEP HARMANDEEP	19.4/101	О	\$0.00	\$0.00	\$540.00	\$25,000.00	\$500.00	\$0.00	\$26,040.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU2	24040099		\$16,670.48	\$0.00	\$1,275.00	\$25,000.00	\$500.00	\$0.00	\$43,445.48	\$0.00	\$0.00	\$0.00	\$0.00

Claim #: WHSU24050138 Date of Loss: 04/18/2024 Accident State: CA Old Claim #: Unit #: 1

 Date Open:
 05/30/2024
 Date Closed:
 Claim Status:
 Open
 Insured:
 WESTERN RELOAD INC
 Driver:
 SINGH DALJIT

**Description of Accident:** IV WAS UNABLE TO STOP AND IV STRUCK OV.

<u>Claimant</u>	Line/Cov	<u>St</u>	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	<u>Gross</u> <u>Incurred</u>	Other Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	<u>Subro</u> <u>Recover</u>
GALAJIAN HAROUTYAN A	19.4/33	R	\$0.00	\$0.00	\$442.20	\$0.00	\$0.00	\$0.00	\$442.20	\$0.00	\$0.00	\$0.00	\$0.00
GALAJIAN EAIDZAR	19.4/101	О	\$0.00	\$0.00	\$540.00	\$25,000.00	\$500.00	\$0.00	\$26,040.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU2	4050138		\$0.00	\$0.00	\$982.20	\$25,000.00	\$500.00	\$0.00	\$26,482.20	\$0.00	\$0.00	\$0.00	\$0.00

Claim #: WHSU24080042 Date of Loss: 08/02/2024 Accident State: OR Old Claim #: Unit #: X

Date Open: 08/08/2024 Date Closed: 11/04/2024 Claim Status: Closed Insured: WESTERN RELOAD INC Driver: SIGH HARPINDER

Description of Accident: Description: Per video from another driver in the parking lot, Western Reload driver backed into Tez Jet parked truck with his trailer while Tez Jet driver was sleeping. The trailer

caught on the deerguard and moved the truck from its parking spot and into another parked truck

<u>Claimant</u>	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current	Current	Current	Gross	Other	<b>Deduct</b>	<b>Salvage</b>	<u>Subro</u>
						Loss Resv	Exp Resv	Med Resv	Incurred	Recover	Recover	Recover	Recover
TEZ JET INC	19.4/33	C	\$0.00	\$0.00	\$410.00	\$0.00	\$0.00	\$0.00	\$410.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU24	4080042		\$0.00	\$0.00	\$410.00	\$0.00	\$0.00	\$0.00	\$410.00	\$0.00	\$0.00	\$0.00	\$0.00

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NOT PROVIDED

Driver: HARDEEP SINGH

Unit #:

Policy Number: WHI01000001322-01

Name of Insured: WESTERN RELOAD INC

Name of Agent: AMERIGO INSURANCE AGENCY

Carrier Name: Sutton Specialty Insurance Company



Claim #: WHSU24080096 Date of Loss: 08/09/2024 Accident State: CA Old Claim #:

Date Open: 08/16/2024 Date Closed: 11/04/2024 Claim Status: Closed Insured: WESTERN RELOAD INC

Description of Accident: IV SIDE SWIPPED THE OV WHILE WHILE DRIVING.

Claimant Line/Cov St Loss Paid Med Paid Exp Paid Current Current Current Other Deduct Salvage Subro Gross Loss Resv Exp Resv Med Resv Incurred Recover Recover Recover Recover UNK UNK C \$0.00 \$0.00 \$410.00 \$0.00 \$0.00 \$0.00 \$410.00 \$0.00 \$0.00 \$0.00 \$0.00 19 4/33 Group Total for Claim No: WHSU24080096 \$0.00 \$0.00 \$0.00 \$410.00 \$0.00 \$0.00 \$0.00 \$0.00 \$410.00 \$0.00 \$0.00

Claim #: WHSU24090070 Date of Loss: 09/13/2024 Accident State: WA Old Claim #: UNK

Date Open: 09/16/2024 Date Closed: 11/22/2024 Claim Status: Closed Insured: WESTERN RELOAD INC Driver: SINGH SURINDER

**Description of Accident:** IV STRUCK OV WHILE CHANGING LANES.

Claimant Line/Cov St Loss Paid Med Paid Exp Paid Current Gross Other **Deduct** Salvage Current Current Subro Loss Resv **Med Resv** Exp Resv Incurred Recover Recover Recover Recover UNK UNK C \$0.00 \$0.00 \$410.00 \$0.00 \$0.00 \$0.00 \$410.00 \$0.00 \$0.00 \$0.00 \$0.00 19.4/33 \$0.00 \$0.00 \$410.00 \$0.00 \$0.00 \$0.00 \$410.00 \$0.00 \$0.00 \$0.00 \$0.00 Group Total for Claim No: WHSU24090070

Claim #: WHSU24090077 Date of Loss: 09/15/2024 Accident State: OR Old Claim #: Unit #: 3

 Date Open:
 09/17/2024
 Date Closed:
 Claim Status:
 Open
 Insured:
 WESTERN RELOAD INC
 Driver:
 SINGH BIKRAMJIT

**Description of Accident:** IV HIT OV WHILE CHANGING LANE.

Claimant Line/Cov St Loss Paid Med Paid Exp Paid Current Current Gross Other **Deduct** Salvage Subro Current Loss Resv Exp Resv Med Resv Incurred Recover Recover Recover Recover KSN TRANS INC O \$0.00 \$0.00 \$787.50 \$90,402.74 \$57.50 \$0.00 \$91,247.74 \$0.00 \$0.00 \$0.00 \$0.00 19.4/33 KSN TRANS INC O \$0.00 \$0.00 \$1,292.96 \$5,000.00 \$0.00 \$0.00 \$6,292.96 \$0.00 \$0.00 \$0.00 \$0.00 19.4/33 \$0.00 \$0.00 \$0.00 \$2,080.46 \$95,402.74 \$57.50 \$0.00 \$97,540.70 \$0.00 \$0.00 \$0.00 Group Total for Claim No: WHSU24090077

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Policy Number: WHI01000001322-01

Name of Insured: WESTERN RELOAD INC

Name of Agent: AMERIGO INSURANCE AGENCY

Carrier Name: Sutton Specialty Insurance Company



Claim #: WHSU24090086 Date of Loss: 09/16/2024 Accident State: CA Old Claim #: Unit #: 10

Date Open: 09/18/2024 Date Closed: 11/22/2024 Claim Status: Closed Insured: WESTERN RELOAD INC Driver: SINGH SURINDER

**Description of Accident:** OV READ ENDED IV IN THE PARKING.

<u>Claimant</u>	Line/Cov	<u>St</u>	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	<u>Current</u> Exp Resv	Current Med Resv	Gross Incurred	Other Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	<u>Subro</u> <u>Recover</u>
KALENDER JOHN	19.4/33	C	\$0.00	\$0.00	\$410.00	\$0.00	\$0.00	\$0.00	\$410.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU2	4090086		\$0.00	\$0.00	\$410.00	\$0.00	\$0.00	\$0.00	\$410.00	\$0.00	\$0.00	\$0.00	\$0.00

Claim #: WHSU24100022 Date of Loss: 09/30/2024 Accident State: WA Old Claim #: Unit #: 1

Date Open: 10/03/2024 Date Closed: 11/04/2024 Claim Status: Closed Insured: WESTERN RELOAD INC Driver: SINGH ANGREJ

**Description of Accident:** OV HIT IV AT TRAFFIC LIGHT.

<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	Other Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	<u>Subro</u> <u>Recover</u>
UNK UNK	19.4/33	C	\$0.00	\$0.00	\$245.00	\$0.00	\$0.00	\$0.00	\$245.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU24	4100022		\$0.00	\$0.00	\$245.00	\$0.00	\$0.00	\$0.00	\$245.00	\$0.00	\$0.00	\$0.00	\$0.00

Claim #: WHSU24100138 Date of Loss: 10/23/2024 Accident State: CA Old Claim #: Unit #: 121

 Date Open:
 10/25/2024
 Date Closed:
 Claim Status:
 Open
 Insured:
 WESTERN RELOAD INC
 Driver:
 SINGH SUKHJIT

**Description of Accident:** IV trailer hit OV while making a U-turn.

<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	Other Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	<u>Subro</u> <u>Recover</u>
UNK UNK	19.4/33	0	\$0.00	\$0.00	\$245.00	\$5,000.00	\$500.00	\$0.00	\$5,745.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU2	4100138		\$0.00	\$0.00	\$245.00	\$5,000.00	\$500.00	\$0.00	\$5,745.00	\$0.00	\$0.00	\$0.00	\$0.00

Claim #: WHSU24110012 Date of Loss: 10/30/2024 Accident State: OR Old Claim #: Unit #: 104

Date Open: 11/04/2024 Date Closed: Claim Status: Open Insured: WESTERN RELOAD INC Driver: MADHAS PARKASHVIR

**Description of Accident:** IV hit OV's trailer from behind and then hit the guard rail.

Claimant	<u>Line/Cov</u>	<u>St</u>	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Other Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	<u>Subro</u> <u>Recover</u>
UNK	19.4/33	О	\$0.00	\$0.00	\$245.00	\$5,000.00	\$500.00	\$0.00	\$5,745.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHSU24	110012		\$0.00	\$0.00	\$245.00	\$5,000.00	\$500.00	\$0.00	\$5,745.00	\$0.00	\$0.00	\$0.00	\$0.00

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WHI01000001322-01 **Policy Number:** 

WESTERN RELOAD INC Name of Insured:

AMERIGO INSURANCE AGENCY Name of Agent:

Carrier Name: Sutton Specialty Insurance Company



WHSU24110013 10/31/2024 Unit #: 42 OR Claim #: Date of Loss: **Accident State:** Old Claim #:

11/04/2024 Date Closed: Open WESTERN RELOAD INC Driver: SINGH KARAMJEET Date Open: **Claim Status:** Insured:

**Description of Accident:** Location- I-5 mile marker 9, State - Oregon

Description- IV was traveling at I-5 when Driver heard a loud boom and truck, trailer and cargo caught on fire

Claimant Line/Ĉov Loss Paid Med Paid Exp Paid Current Current Other Deduct Salvage Subro Current Gross Loss Resv Exp Resv Med Resv Incurred Recover Recover Recover Recover O \$0.00 \$0.00 \$245.00 \$10,000.00 \$500.00 \$0.00 \$10,745.00 \$0.00 \$0.00 \$0.00 \$0.00 PROPERTY DAMAGE -19 4/33 \$0.00 \$500.00 \$0.00 \$10,745.00 \$0.00 \$0.00 \$0.00 Group Total for Claim No: WHSU24110013 \$0.00 \$245.00 \$10,000.00 \$0.00

WHSU24110047 08/14/2024 CA Old Claim #: Claim #: Date of Loss: **Accident State:** Unit #:

11/26/2024 Driver: SINGH SANDEEP 11/08/2024 Closed Date Open: **Date Closed: Claim Status:** Insured: WESTERN RELOAD INC

**Description of Accident:** CSAA's driver was stopped behind Sutton's semi truck who was also stopped initially to make a left turn behind another uninvolved semi truck attempting a left turn onto Kilroy

Road. The uninvolved semi truck ran out of room for their turn, so Sutton's driver started reversing, when they did this, they reversed into the front end of CSAA's vehicle that was

<u>Claimant</u>	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current	Current	Current	Gross	<b>Other</b>	<b>Deduct</b>	<b>Salvage</b>	<u>Subro</u>	ı
						Loss Resv	Exp Resv	Med Resv	<b>Incurred</b>	Recover	Recover	Recover	Recover	ı
														ı
SPRUCE TROY	19.4/33	C	\$6,127.73	\$0.00	\$370.00	\$0.00	\$0.00	\$0.00	\$6,497.73	\$0.00	\$0.00	\$0.00	\$0.00	ı
Group Total for Claim No: WHSU	24110047		\$6,127.73	\$0.00	\$370.00	\$0.00	\$0.00	\$0.00	\$6,497.73	\$0.00	\$0.00	\$0.00	\$0.00	ı
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## SUB TOTALS for Policy Period: 02/07/2024 TO 02/07/2025

	Loss Paid	Med Paid	Exp Paid	<b>Current</b>	Current	Current	Gross	<b>Other</b>	<b>Deduct</b>	<b>Salvage</b>	Subro
				Loss Resv	Exp Resv	Med Resv	<u>Incurred</u>	Recover	Recover	Recover	Recover
TOTALS IN PERIOD:	\$22,798.21	\$0.00	\$7,327.66	\$165,402.74	\$2,557.50	\$0.00	\$198,086.11	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 12

## GRAND TOTALS

	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	<u>Gross</u> <u>Incurred</u>	Other Recover	<u>Deduct</u> <u>Recover</u>	Salvage Recover	Subro Recover
GRAND TOTALS:	\$22,798.21	\$0.00	\$7,327.66	\$170,402.74	\$3,057.50	\$0.00	\$203,586.11	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 13

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