

Detail Loss ReportLosses From: 03/23/2021 To 01/17/2025

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Line of Insurance: P - PROPERTY											
Policy Eff Date: 03/23/2023											
Policy Number: 7P504189											
Subline of Insurance: IM											
/7MILE TRANSPORTATION INC	108	FR	FYZ2329	03/22/2024	04/05/2024	06/10/2024	C				
LOAD OF GLOVES WERE DELIVERED DAMAGED, SEVERAL BOXES DAMAGE, LOAD SHIFT							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Subline of Insurance : IM											
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Number : 7P504189											
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Eff Date : 03/23/2023											
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Line of Insurance : P											
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Report Grand Totals											
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00



Detail Loss Report			Losses From: 03/23/2021 To 01/17/2025	
Report Parameters				
Report Name: Detail Loss Losses From: 03/23/2021 To 01/17/2025			Policy Number(s): 7P504189	
Sorts				
Sort Name	Sort Label	Subtotal	Page Break	
1. Line of Insurance	Line of Insurance	Y	N	
2. Policy Eff Date	Policy Eff Date	Y	N	
3. Policy Number	Policy Number	Y	N	
4. Subline of Insurance	Subline of Insurance	Y	N	
Limiting Statements				
Large Loss Limiting				
Drill Down Limiting Criteria				