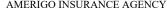
1BWHCA1901521301-00 **Policy Number:** Name of Insured:

Name of Agent: Carrier Name:

AMMY TRANS INC

AMERIGO INSURANCE AGENCY



Accredited Surety and Casualty Company Inc.



LOSS RUN BY POLICY

"These loss runs only include losses reported PRIOR to 06-01-2025"

WHITEHILL AGENCY/BRAZOS SPECIALTY RISK Policy Period: 07/22/2024 TO 07/22/2025

09/30/2024 WHAC24100007 Claim #: Date of Loss: **Accident State:** CA Old Claim#: Unit Number: 1

Date Open: 10/01/2024 10/14/2024 Closed Driver: SINGH AMRITPAL **Date Closed: Claim Status:**

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

<u>Claimant</u>	<u>Line/Cov</u> <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
UNK UNK Group Total for Claim No: WHAC2	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
	24100007	\$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: 07/22/2024 TO 07/22/2025

	Loss Paid	Med Paid	Exp Paid	Current	Current	Current	Gross	Expense	Deduct	Salvage	<u>Subro</u>
				Loss Resv	Exp Resv	Med Resv	Incurred	Recover	Recover	Recover	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

Run Date: 24.06.2025 21:28:42 Page 1 of 1 Claims Activity as of 06/23/2025



As of Date 06/19/2025 Run Date + Time Jun 19, 2025 03:16PM EDT

These loss runs only include losses reported 06/01/25 and later.

Loss Run Report

	Policy Information												
				Original Risk Inception	Original					Policy			
Policy Number	Carrier Name	Broker Name	Insured Name	Date	Risk Expiry Date	Policy Region	Indemnity Total Incurred	Expense Total Incurred	Total Recovered	Total Incurred			
1BWHCA1901521301- 00	Accredited Insurance	Whitehill Agency / Brazos Specialty Risk, Inc	AMMY TRANS INC	07/22/2024	07/22/2025	N/A	\$0.00	\$0.00	\$0.00	\$0.00			

There are no claims for this policy period.