



TransGuard General Agency

Member Loss Summary

Friday, February 21, 2025

Motor Carrier # 275547

Motor Carrier Group DAVINDER SINGH

Date Range 12/14/2020 - 03/25/2024

The attached loss runs include only reported claims; there may be other claims that have been incurred, but are not yet reported.

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Friday, February 21, 2025

EXECUTIVE SUMMARY - CLAIMS BY YEAR

Member#: 275547

Name: DAVINDER SINGH

Date Range: 12/14/2020 - 3/25/2024

Year	Coverage	Number of Claims	Recorded Loss	Expense Payments	Recovery	Outstanding Reserve	Total Incurred
12/14/2020-12/14/2021	PHYSICAL DAMAGE	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/14/2021-12/14/2022	PHYSICAL DAMAGE	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/14/2022-12/14/2023	PHYSICAL DAMAGE	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/14/2023-3/25/2024	PHYSICAL DAMAGE	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/14/2020-3/25/2024	PHYSICAL DAMAGE	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SUMMARY BY CAUSE OF LOSS / EVENT

Member#: 275547	Name: DAVINDER SINGH	Date Range: 12/14/2020-3/25/2024					
Cause Of Loss	COL Event	Number of Claims	Recorded Loss	Expense Payments	Recovery	Outstanding Reserve	Total Incurred
Grand Total							

SUMMARY BY COL EVENT / CAUSE OF LOSS

Member #: 275547

Name: DAVINDER SINGH

Date Range: 12/14/2020-3/25/2024

Col Event	Cause Of Loss	Number of Claims	Recorded Loss	Expense Payments	Recovery	Outstanding Reserve	Total Incurred
Grand Total							

Member Loss Summary

Friday, February 21, 2025

Member #:
275547

Name: DAVINDER SINGH

Claim Detail

Date Range: 12/14/2020-3/25/2024

Date of Loss	Claim	Member	Member Name	Losses	Remaining Recovery	Total Reserves	Incurred Total	Status	Type of Loss	COL Event
Carrier Total										

Member Loss Summary

Friday, February 21, 2025

Member #: 275547

Claims Without Transactions

Date Range: 12/14/2020-3/25/2024

Date of Loss	Claim	Member	Member Name
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