



# Client Loss Report

DSV TRUCKING INC

IMP E663066												0 Claim Count	
Policy	Policy Period	Claim Number	Loss Date	Loss State	Reported Date	Claimant Name	Claim Adjuster Name	Cause Loss Description	Claim Status	Total Incurred	Total Incurred Details		
IMP E663066	01/28/2024 to 01/28/2025	No Losses											
	<b>0 Claim Count</b>									<b>\$ 0.00</b>	<b>Subtotal for Policy Period</b>		
	01/28/2023 to 01/28/2024	No Losses											
	<b>0 Claim Count</b>									<b>\$ 0.00</b>	<b>Subtotal for Policy Period</b>		
	01/28/2022 to 01/28/2023	No Losses											
	<b>0 Claim Count</b>									<b>\$ 0.00</b>	<b>Subtotal for Policy Period</b>		
	01/28/2021 to 01/28/2022	No Losses											
<b>0 Claim Count</b>									<b>\$ 0.00</b>	<b>Subtotal for Policy Period</b>			
<b>0 Claim Count</b>									<b>\$ 0.00</b>	<b>Total for IMP E663066</b>			
<b>0 Total Claim Count</b>										<b>Total For Customer</b>			