

# FAX

**To: 018985130 LOSS RUN**

Company:

Fax: (530) 290-1701

Phone:

**From: Progressive Insurance**

Fax:

Phone:

E-mail:

---

## NOTES:

---

Date and time of transmission: Wednesday, December 18, 2024 6:02:54 PM  
Number of pages including this cover sheet: 03



**P.O. Box 94739**  
**Cleveland, OH 44101**

**Telephone: 800-444-4487**  
**progressive.com**

Date: December 18, 2024

State: CA

Policy #: 01898513-3

Insured: M TRANS SERVICES INC

DBA:

Coverage Dates: 03/03/2020 - 03/03/2024

Re: Loss History

There have been no losses on the policy term(s)/date(s) listed

     X    There have been losses on the policy term(s)/date(s) listed

If you have any questions regarding your loss history, please contact us at:  
1-800-444-4487

We comply with the state insurance laws that regulate the provision of loss history information. Unless required by law we provide a list of claims and the paid amounts only.

Thank you,  
Commercial Lines Customer Care

Date of Loss	Claim Number	Claim Status	Coverage	Pay Out	Subrogation Amount	Vehicle Make/Model	Driver	Reserves
2024-01-19	24-9556344	CLSD	PD	\$2,947.31		20 KENWORTH T680	SROYA, BALJIT	-
2024-01-03	24-2200964	CLSD	COLL	\$35,880.36		19 KENWORTH T680	SINGH, GURJIT	-
2020-07-28	23-5850173	LSTD/CL CWP	COMP PD	\$0.00 \$0.00		15 UNKNOWN T60	UNKNOWN, UNKNOWN	-