Loss Run (Page 1)

Policy Number: Insured Name:	CW1EII-5 MYRA T								
Claim Number: Loss Location 1: VIN and Driver: Loss Description:	IRAAI 4V4NC9	IRAAN, TX, 79744 Cove		Loss D Covera Claima		10/25/2023 AL ne:		Received Date: Status: Closed Date:	11/06/2023 1 11/21/2023
Loss Incurred: Paid: Outstanding:	- -	Legal Expense Incurred: Paid: Outstanding:	15. 15. -		Other Expe Incurred: Paid: Outstandin		- - -	Total Incurred: Paid: Outstanding:	15.50 15.50 -

Loss Run (Page 2)

Grand Total	Expense Paid	Reserves	Total	
Claim 1:	15.50	0.00		15.50
TOTAL	15.50	0.00		15.50