Policy Number: TMA71002689 **Name Of Insured:** SJS TRANS INC

Insurance Co: SOUTHLAKE SPECIALTY INSURANCE COMPANY



Policy Period: 10/05/2023 to 10/05/2024

Run Date: 10/14/2025 Deductible Amount: \$0

TOTAL CLAIMS: 1		OPEN CLAIMS: 0		CLOSED CLAIMS: 1	LATE REPO	ORTED CLAIMS: 0) CLAIMS V	CLAIMS WITH UNREPORTED VEHICE		: 0 CLAIMS WITH UNREPORTED DRIVERS: 1		
COVERAGE			AUTO LIABLITY			PHYSICAL DAMAGE			CARGO			
TOTAL LOSSES PAID			\$0.00			No Coverage			No Coverage			
	TO	OTAL RESERVED	\$0.00			No Coverage			No Coverage			
RECOVERIES (Including Deductible)				\$0.00		No Coverage			No Coverage			
	TOTAL INCURRED			\$0.00			No Coverage			No Coverage		
	Claim Number: A10721	Claim Number: A1072167 Claim Sta		tus: Closed Name of Driver: MANPREET SI			Date of Birth: 06/19/2000		Driver Status: Unreported Date of Hire:		Hire: N/A	
1	Date of Loss: 07/22/2024	Date of Loss: 07/22/2024 Date Reported: 07/24/202		Late Reported Claim: N			icle Info : 2021 - FREIO KJHHDR4MSNA9266	Unre	Unreported Unit: N Accident Location: STOCKTON, CA			
	Description: CV MERG	Description: CV MERGED INTO IV										
AL	CLAIMANT	CLAIMANT STATUS		COVERAGE	COVERAGE PAID		RESERVES	RECOV	TERED DE	DUCTIBLE	INCURRED	
	UNKNOWN	UNKNOWN Closed		Auto Liability PD	\$0.00	\$0	\$0.00		\$0.00		\$0.00	
		ADJUSTING EXPENSES Closed		Adjusting Expenses	\$0.00	\$0	0.00	\$0.00			\$0.00	
	CLAIM TOTAL:			\$0.00		\$0	0.00	\$0.00			\$0.00	