

JVG TRANS INC

Policy Number(s): 5H614417

**Detail Loss Report****Losses From: 07/16/2021 To 06/13/2025**

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Line of Insurance: P - PROPERTY											
Policy Eff Date: 07/16/2021											
Policy Number: 5H614417											
Subline of Insurance: IM											
/JVG TRANS INC	108	FR	FRQ2416	02/04/2022	03/04/2022	07/11/2023	C				
FOOD FELL OFF PALLET AND DEEMED CONTAMINATED UPON ARRIVAL OF DELIVERY.							Inc:	\$33,422.00	\$33,422.00	\$0.00	\$0.00
							Pd:	\$33,421.77	\$33,421.77	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Subline of Insurance : IM							Inc:	\$33,422.00	\$33,422.00	\$0.00	\$0.00
Total Claim Count: 1							Pd:	\$33,421.77	\$33,421.77	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Number : 5H614417							Inc:	\$33,422.00	\$33,422.00	\$0.00	\$0.00
Total Claim Count: 1							Pd:	\$33,421.77	\$33,421.77	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Eff Date : 07/16/2021							Inc:	\$33,422.00	\$33,422.00	\$0.00	\$0.00
Total Claim Count: 1							Pd:	\$33,421.77	\$33,421.77	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Policy Eff Date: 07/16/2022											
Policy Number: 5H614417											
Subline of Insurance: IM											
/JVG TRANS INC	108	FR	A2L3746	05/15/2023	05/23/2023	05/24/2023	C				
RWI LOGISTICS HIRED YOUR INSURED TO DELIVER A LOAD OF FOOD PRODUCTS THAT WAS TAMPERED WITH CREATING A FOOD SAFETY ISSUE.							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Subline of Insurance : IM							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
Total Claim Count: 1							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00



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Line of Insurance: P - PROPERTY											
Policy Eff Date: 07/16/2022											
Policy Number: 5H614417											
Subtotals for Policy Number : 5H614417											
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Eff Date : 07/16/2022											
Total Claim Count: 1							Inc:	\$0.00	\$0.00	\$0.00	\$0.00
							Pd:	\$0.00	\$0.00	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Policy Eff Date: 07/16/2023											
Policy Number: 5H614417											
Subline of Insurance: IM											
/JVG TRANS INC	108	FR	A2L8491	11/06/2023	11/08/2023	01/04/2024	C				
LOAD FROZEN. DAMAGE TO CARGO.							Inc:	\$31,849.00	\$31,849.00	\$0.00	\$0.00
							Pd:	\$31,848.57	\$31,848.57	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Subline of Insurance : IM											
Total Claim Count: 1							Inc:	\$31,849.00	\$31,849.00	\$0.00	\$0.00
							Pd:	\$31,848.57	\$31,848.57	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Number : 5H614417											
Total Claim Count: 1							Inc:	\$31,849.00	\$31,849.00	\$0.00	\$0.00
							Pd:	\$31,848.57	\$31,848.57	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals for Policy Eff Date : 07/16/2023											
Total Claim Count: 1							Inc:	\$31,849.00	\$31,849.00	\$0.00	\$0.00
							Pd:	\$31,848.57	\$31,848.57	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00



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Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Line of Insurance: P - PROPERTY											
Subtotals for Line of Insurance : P											
Total Claim Count: 3							Inc:	\$65,271.00	\$65,271.00	\$0.00	\$0.00
							Pd:	\$65,270.34	\$65,270.34	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00
Report Grand Totals											
Total Claim Count: 3							Inc:	\$65,271.00	\$65,271.00	\$0.00	\$0.00
							Pd:	\$65,270.34	\$65,270.34	\$0.00	\$0.00
							O/S:	\$0.00	\$0.00	\$0.00	\$0.00



Detail Loss Report

Losses From: 07/16/2021 To 06/13/2025

Report Parameters

Report Name: Detail Loss
Losses From: 07/16/2021 To 06/13/2025

Policy Number(s): 5H614417

Group By		Subtotal	Page Break
<u>Group By Name</u>	<u>Group By Label</u>		
1. Line of Insurance	Line of Insurance	Y	N
2. Policy Eff Date	Policy Eff Date	Y	N
3. Policy Number	Policy Number	Y	N
4. Subline of Insurance	Subline of Insurance	Y	N

Filters

Large Loss Filter

Drill Down Filters