

Detail Loss Report

Losses From: 03/18/2016 To 03/18/2020

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense	
Policy Year: 2016												
Line of Insurance: WC - WORKERS COMP												
JOHN SMITH	022	CB	EXM1234	04/23/2017	07/01/2017	07/03/2017	C					
PATIENT STATED THAT WHILE WORKING AS A SUPERINTENDANT HE WAS CLIMBING ON SOME MATERIAL AND FELL								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 Line of Insurance : WC								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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Subtotals for Policy Year : 2016								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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Report Grand Totals								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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Report Parameters

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Policy Number(s): 1Z23B45A6

Sorts

<u>Sort Name</u>	<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>
1. Policy Year	Policy Year	Y	N
2. Line of Insurance	Line of Insurance	Y	N

Limiting Statements

Large Loss Limiting

Drill Down Limiting Criteria