



Loss Analysis
Policy Effective Dates 04/01/2019 through 04/01/2021

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Today's Date: 02/15/2021

Policy Number: 56321

Agency Name: CRC INSURANCE SERVICES, INC.
HOUSTON

Account Number: AP-32156
Policy Name: KUMALOK, INC

Claim Number Claimant Name Carrier Claim Type	Status	Injury Date Report Date Days to Report Closed Date	Injury Description Body Part Diagnosis Detail Cause Examiner	Dept.	Position Union Code Fund Code Class	Coverage	Payments	Case Reserves	Incurred
Location Name: 123 Main St, Apt 4B Springfield, IL 62701, US									
CW71897 CAMERON COUNTY CompWest Insurance Company Indemnity	C	05/13/2019 05/15/2019 2 day(s) 08/28/2019	Strain or injury by Lower back area Strain Strain or injury by lifting	NO DEPT	0005	Indemnity Medical Vocational Legal Expense Total	\$251.43 \$313.76 \$0.00 \$0.00 \$87.30 \$652.49	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$251.43 \$313.76 \$0.00 \$0.00 \$87.30 \$652.49
CW71903 CAMERON COUNTY CompWest Insurance Company Medical	C	05/26/2019 05/28/2019 2 day(s) 07/08/2019	Striking against or stepping on Soft tissue (head) Laceration Striking against or stepping on stationary object	NO DEPT	0005	Indemnity Medical Vocational Legal Expense Total	\$0.00 \$131.86 \$0.00 \$0.00 \$0.00 \$131.86	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$131.86 \$0.00 \$0.00 \$0.00 \$131.86
CW89202 CAMERON COUNTY CompWest Insurance Company Incident	C	04/09/2019 05/28/2019 49 day(s) 12/11/2019	Fall, slip, or trip injury Lower back area Multiple physical injuries only Slipped, do not fall	NO DEPT	0005	Indemnity Medical Vocational Legal Expense Total	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00