

# LOSS REPORT - MISCELLANEOUS PERSONAL

Texas Insurance Checking Office, Inc.

**For the Month of:** \_\_\_\_\_  
**Year (YYYY):** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

1	2	3	4	5		6	7			8	9	10	11
				Record Inception Date			Occurrence/Incurred Date						(claim number)
Stat Plan Code (2)	Transaction ID (2)	Sub Line (3)	Class (5)	Year - YY (2)	Month - MM (2)	Policy Identifier (14)	Year - YY (2)	Month - MM (2)	Day - DD (2)	Type of Loss (2)	Claim Count (2)	Loss Amount (9)	Occurrence Identifier (14)
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