

[REDACTED]

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TRAILER

Carrier: Relation Insurance Service		Claim Number:		Policy Number: 254001-014		LDF File Number: 25-2574		Date: 11-13-2025		
Insured: [REDACTED]		Claimant:						Phone:		
Year: 2016	Date of Mfg: 2-15	Make: Manac	Model: 13253C0B7	Style:	VIN: 5MC125319G5153702					
Date of Loss: 11-3-2025		State: / License: SC 124061PT		Unit: SD1014	Hub Mileage:	Condition: Average		Date of Inspection: 11-12-2025		
Location of Inspection: [REDACTED]					Adjuster: [REDACTED]					
GENERAL		Length/Ft: 53		Width/In: 102		Height/Ft/In:		Capacity: 80,000		
MODEL		<input type="checkbox"/> Reefer	<input checked="" type="checkbox"/> Drop deck	<input type="checkbox"/> Grain	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Other			
		<input type="checkbox"/> Dry Van	<input type="checkbox"/> Furniture	<input type="checkbox"/> Hopper	<input type="checkbox"/> Livestock	<input type="checkbox"/> Lowboy	<input type="checkbox"/> Gooseneck			
		<input type="checkbox"/> Dump, End	<input type="checkbox"/> Single Hoist	<input type="checkbox"/> Half Round	<input type="checkbox"/> Converter Dollies					
		<input type="checkbox"/> Dump, Bottom	<input type="checkbox"/> Roll Off	<input type="checkbox"/> Frameless	<input type="checkbox"/> Hydraulic Lift Neck					
		<input type="checkbox"/> Tanker, Fuel	No. of Compartments: _____	<input type="checkbox"/> Single Bulkhead	<input type="checkbox"/> Insulated					
		<input type="checkbox"/> Tanker, Other	Describe: _____	<input type="checkbox"/> Double Bulkhead	<input type="checkbox"/> Heated					
CONSTRUCTION		Frame	<input checked="" type="checkbox"/> Center Rail	<input type="checkbox"/> In Body	<input type="checkbox"/> Aluminum					
			<input type="checkbox"/> Side Rails	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Stainless					
		Body	<input type="checkbox"/> Stainless	<input type="checkbox"/> Steel	<input type="checkbox"/> Dura Plate	<input type="checkbox"/> Exterior Post	<input type="checkbox"/> Roll Tarp M / E			
			<input type="checkbox"/> Aluminum	<input type="checkbox"/> FRP	<input type="checkbox"/> Painted	<input type="checkbox"/> Aero Skirt Fairings				
		Doors	<input type="checkbox"/> Rear Roll up	<input type="checkbox"/> Curbside	<input type="checkbox"/> Double	<input type="checkbox"/> S.S.				
			<input type="checkbox"/> Rear Hinged	<input type="checkbox"/> Roadside	<input type="checkbox"/> Rear Tail Wing	<input type="checkbox"/> Single				
		Interior	<input type="checkbox"/> Plywood	<input type="checkbox"/> Steel	<input type="checkbox"/> Plastic Liner					
			<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Kemplite	<input type="checkbox"/> Other					
		Floor	<input checked="" type="checkbox"/> Aluminum Rib	<input type="checkbox"/> Deck Plate	<input type="checkbox"/> Aluminum Air Channel					
			<input type="checkbox"/> Stainless	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Heated					
		Type Insulation	<input type="checkbox"/> Foam in Place	Thickness: Sides: _____ Roof: _____			Floor: _____			
		<input type="checkbox"/> Insulation								
REEFER		Make:	Model:	Serial:	Hours	Chute Y / N	Oil Level: F / E			
TANKER		<input type="checkbox"/> Aux. Pump		<input type="checkbox"/> High Level Shut Off		<input type="checkbox"/> Pressurized Vessel				
		Make:	Model:	<input type="checkbox"/> Vapor Recovery System		<input type="checkbox"/> Venting System				
SUSPENSION		<input type="checkbox"/> Single Axle	<input type="checkbox"/> Fixed	<input type="checkbox"/> Spread	<input type="checkbox"/> Spring	<input checked="" type="checkbox"/> Air Ride	<input type="checkbox"/> Other			
		<input checked="" type="checkbox"/> Tandem	<input checked="" type="checkbox"/> Sliding	<input type="checkbox"/> Walking Beam	<input type="checkbox"/> Air Leaf					
AUX. AXLES		No. of Axles: _____	<input type="checkbox"/> Stationary	<input type="checkbox"/> Air Lift	<input type="checkbox"/> Spring Lift	<input type="checkbox"/> Steerable				
WHEEL TYPE		<input type="checkbox"/> Disc	<input type="checkbox"/> Spoke	<input type="checkbox"/> Budd	<input checked="" type="checkbox"/> Steel 4	<input checked="" type="checkbox"/> Aluminum 4	<input type="checkbox"/> Painted	<input type="checkbox"/> Polished	<input type="checkbox"/> Chrome	
TIRES		Size: 255/70R22.5	16/32"	16/32"	16/32"	16/32"	Recaps <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Make: Montreal	16/32"	16/32"	16/32"	16/32"				
OTHER EQUIP.		<input checked="" type="checkbox"/> Landing Gear	<input type="checkbox"/> Fenders	<input type="checkbox"/> None		<input type="checkbox"/> Scuff Plate <input type="checkbox"/> Steel <input type="checkbox"/> Alum				
		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Hi-Lo	<input type="checkbox"/> Front	<input type="checkbox"/> Rear		Height: _____				
		<input type="checkbox"/> Roll Tarp <input type="checkbox"/> Stiff Leg	<input type="checkbox"/> 1/2	<input type="checkbox"/> Full	<input type="checkbox"/> Rear	<input type="checkbox"/> Steel	<input type="checkbox"/> Open Top <input type="checkbox"/> Translucent Top			
ADDITIONAL EQUIPMENT		4 x 8 foot Ramps with mounts to trailer R&L Sides								
		2 (RS) Storage Boxes 1 (LS) Storage Box								
COMMENTS										

LDF 3-24