

**Policy Number:** KSI000736-00  
**Name of Insured:** HERO TRUCK LINE INC  
**Name of Agent:** LINKS INSURANCE SERVICES INC.  
**Carrier Name:** Knight Insurance Group



## LOSS RUN BY POLICY

**WHITEHILL AGENCY/BRAZOS SPECIALTY RISK**  
**Policy Period: 08/26/2022 TO 08/26/2023**

<b>Claim #:</b>	WHKN23050035	<b>Date of Loss:</b>	05/09/2023	<b>Accident State:</b>	AL	<b>Old Claim#:</b>		<b>Unit Number:</b>	0				
<b>Date Open:</b>	05/25/2023	<b>Date Closed:</b>	05/30/2023	<b>Claim Status:</b>	Closed	<b>Driver:</b>	SINGH CAPTAIN						
<b>Description of Accident:</b>	IV rear ened OV.												
<u><b>Claimant</b></u>	<u><b>Line/Cov</b></u>	<u><b>St</b></u>	<u><b>Loss Paid</b></u>	<u><b>Med Paid</b></u>	<u><b>Exp Paid</b></u>	<u><b>Current Loss Resv</b></u>	<u><b>Current Exp Resv</b></u>	<u><b>Current Med Resv</b></u>	<u><b>Gross Incurred</b></u>	<u><b>Expense Recover</b></u>	<u><b>Deduct Recover</b></u>	<u><b>Salvage Recover</b></u>	<u><b>Subro Recover</b></u>
TCR TOWING	19.4/PD	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
QUANTIX	19.4/PD	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: <b>WHKN23050035</b>			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Claim #:	WHKN23080018	Date of Loss:	07/22/2023	Accident State:	GA	Old Claim#:		Unit Number:	.				
Date Open:	08/10/2023	Date Closed:	09/27/2023	Claim Status:	Closed	Driver:	UNK UNK						
Description of Accident:	See claim # WHCO23090066												
Claimant	Line/Cov	St	Loss Paid	Med Paid	Exp Paid	Current Loss Resv	Current Exp Resv	Current Med Resv	Gross Incurred	Expense Recover	Deduct Recover	Salvage Recover	Subro Recover
ADSIDE ALYSON	19.4/BI	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ADSIDE ALYSON	19.4/PD	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: WHKN23080018			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

### SUB TOTALS for Policy Period: 08/26/2022 TO 08/26/2023

	<b>Loss Paid</b>	<b>Med Paid</b>	<b>Exp Paid</b>	<b>Current Loss Resv</b>	<b>Current Exp Resv</b>	<b>Current Med Resv</b>	<b>Gross Incurred</b>	<b>Expense Recover</b>	<b>Deduct Recover</b>	<b>Salvage Recover</b>	<b>Subro Recover</b>
TOTALS IN PERIOD:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 2

### GRAND TOTALS

	<b>Loss Paid</b>	<b>Med Paid</b>	<b>Exp Paid</b>	<b>Current Loss Resv</b>	<b>Current Exp Resv</b>	<b>Current Med Resv</b>	<b>Gross Incurred</b>	<b>Expense Recover</b>	<b>Deduct Recover</b>	<b>Salvage Recover</b>	<b>Subro Recover</b>
GRAND TOTALS:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 2