

AUTO/PROPERTY CLAIM NOTICE – MEMBER TO COMPLETE

SDPAA Member: _____
Member Address: _____
Contact Person: _____ Phone No: _____
Date of Loss: _____ Location of Loss: _____

Description of Loss (What happened?): _____

AUTO:

Member Vehicle: Year: _____ Make: _____ Model: _____
License Plate No: _____ VIN #: _____
Estimated Amount of Loss: _____
Member Driver: _____
Member Driver Job Title: _____
Member vehicle used with permission? Yes No
Purpose of Use: _____
Present location of Member vehicle: _____
Lien holder (if none, so indicate): _____

PROPERTY:

List a detailed description of all Member property damaged: _____

Law Enforcement Report Filed? Yes No (Attach reports to this form)
Was any other party responsible for this loss? _____
If so, explain who and why: _____

Member Special Requests: _____

This form has been completed by:
Name (Please Print): _____
Address: _____
Telephone No.: (_____) _____ Date: _____

Forward To: Claims Associates, Inc.
 P O Box 1898
 Sioux Falls SD 57101
 Phone: 1-888-613-7064 Fax: 1-605-333-9835
 SDPAAclaims@claimsassoc.com