# AUTO/PROPERTY CLAIM NOTICE – MEMBER TO COMPLETE

SDPAA Member: Hand County, South Dakota [C/O: Auditors Office]

Member Address: 415 West 1st Avenue, Suite 202, Mailbox 7, Miller, South Dakota 57362

Contact Person: Auditor Doug DeBoer Phone No: 605-853-2182

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