

LIABILITY CLAIM NOTICE – MEMBER TO COMPLETE

SDPAA Member: _____
Contact Person: _____ Phone No: _____
Date of Accident: _____ Location of Accident: _____

Description of Accident: _____

Claimant Name: _____ Phone No: _____

Address: _____

Has a claim been presented against the Member? _____ If not, do you have any reason to believe that the potential claimant will pursue a claim in the near future? _____

Was there any other responsible party involved? _____ If so, explain who and why: _____

Member Driver: _____ Phone No: _____

Member vehicle used with permission? Yes No

Member Vehicle: Year: ____ Make: _____ Model: _____ Last 4 digits V.I.N.: _____

Description of Damage to Member Vehicle: _____

Name of Driver (if other than Owner/Claimant): _____

Claimant Vehicle: Year: _____ Make: _____ Model: _____

Description of Damage to Claimant Vehicle: _____

Present Location of Claimant Vehicle: _____

Name of Injured (1): _____ Phone No: _____

Address: _____

Extent of Injury: _____

Name of Injured (2): _____ Phone No: _____

Address: _____

Extent of Injury: _____

Did the Accident Involve Property Damage other than auto? _____ If so, describe: _____

Law Enforcement Investigation: Yes No (Attach report to this form)

Witness Name(1): _____ Phone No: _____

Address: _____

Witness Name(2): _____ Phone No: _____

Address: _____

This form has been completed by:

Name (Please Print): _____

Address: _____

Telephone No.: (_____) _____ Date: _____

Forward To:

Claims Associates, Inc.

PO Box 1898

Sioux Falls SD 57101

Phone: 1-888-613-7064 Fax: 1-605-333-9835

SDPAAclaims@claimsassoc.com