AUTOMOBILE LOSS NOTICE

Please send completed form as soon as practicable to:

Claims Associates, Inc.
PO Box 1898
Sioux Falls, SD 57101
Online: http://claimsassoc.com/assign-a-claim

Email: ASBSDclaims@claimsassoc.com
Office Phone (daytime hours): 605-333-9810
Office Phone (after hours): 888-430-2249
Fax No: 605-333-9835

Report Date:	Date of Loss and Time:	Previously Reported (Y/N):

MEMBER INFORMATION

School District Name and Street Address:	
Person at School District to Contact About this Loss (name, phone, and email):	

LOSS INFORMATION

Location of Loss Street Address:	
Describe Location of Loss if Not at a Specific Street Address:	
Police or Fire Department Contacted and Report Number:	
Description of Accident:	

COVERED VEHICLE INFORMATION

Year, Make, Model, VIN, and Plate Number:	
Name, Address, Phone, and Email of Vehicle Owner (if not same as member):	

DRIVER INFORMATION

Name, Address, Phone Number, and Email of Driver:	
Driver's License Number and State:	
Describe Damage to Covered Vehicle:	
Any Other Insurance Covering This Vehicle (ins co name and policy number):	

OTHER VEHICLE / PROPERTY DAMAGED

Year, Make, Model, VIN, and Plate # of Other Vehicle:	
Name, Address, Phone Number, and Email of Other Vehicle Owner:	
Driver's License Number and State:	
Describe Damage to Other Vehicle:	
Any Other Insurance Covering This Vehicle (ins co name and policy number)?	
Name, Address, Phone, and Email of Other Property Owner (o/t vehicles):	
Describe Damage to Property (other than vehicles):	
Any Other Insurance Covering Property (ins co name and policy number)?	

INJURED

Name and Address	Phone No.	Ped	Cov Veh	Oth Veh	Age	Extent of Injury
		☐	☐	☐		
		☐	☐	☐		

WITNESSES OR PASSENGERS

Name and Address	Phone No.	Ped	Cov Veh	Oth Veh	Age	Extent of Injury
		☐	☐	☐		
		☐	☐	☐		

Report By:	Signature:

ADDITIONAL COMMENTS THAT MAY BE OF ASSISTANCE IN HANDLING THIS CLAIM:

IMPORTANT ADDITIONAL INSTRUCTIONS: Please send copies of any legal papers, correspondence, or any other documentation related to this matter.
APPLICABLE IN SOUTH DAKOTA: Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.