



STANDING ROCK SIOUX TRIBE
PROPERTY DEPARTMENT

Auto Loss Form

Insured: STANDING ROCK SIOUX TRIBE

Department:	Date/Time of Loss
Location of Accident:	

Insured Vehicle:

Year	Make/Model	Vehicle Identification Number (VIN)
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Driver Info: (Name, Address, Phone)

Other Vehicle:

Year	Make/Model	Vehicle Identification Number (VIN)
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Insurance Company: (Name, Phone, Address)

Driver Info: (Name, Address, Phone)

Description of Accident & Vehicle Damage:

Insured Contact Info

Claim Contact:	Contact Email:
Authorized By:	Contact Phone:

Questions and completed forms should be sent to:
– Email: PROPERTY@STANDINGROCK.ORG
TEL: (701) 854 - 8573