

Direct Auto Insurance Company

Jireci(/	AUTO										
	INSURANCE CO.			ENT RE							
aimant's Statemer	nt Please	answer <u>i</u>	ALL questions on	both pages and	fax back to 312-568-4577.	CLAIM NO					
	Make of car:			Year:	Body Type:	Lic. Plate No.					
	Owner:										
	Address:					State	Zin				
	Home Phone:										
	Driver:										
	Address:						 A second statement of the second statemen				
Description of	Home Phone:										
your car	E-mail Address:										
	For what purpose was the car being used at the time of the accident?										
	Describe the damages to your ca	r:									
	Is the damage over \$500? Y	Ν		Is the car dri	vable? Y N						
	If the car is not drivable, where c	an it be	e seen?								
	List dates of prior accidents and describe any prior damage your vehicle had:										
	Including the driver, how many o	ccupant	ts were in your	car?							
	Make of car:			Year:	Body Type:	Lic. Pla	ate No				
	Owner:										
	Address:			City:		State:	Zip:				
Description of	Driver:										
other car	Address:										
	Describe damages to other car:										
	Other driver's insurance comapny	and cl	aim/policy num	nber:							
	Including the driver, how many occupants were in the other car?										
	Date of accident:		Year:	Time:	AM PM	davlight or dar	</th				
	Location:										
	Type of road:			_		Weather:					
	Your direction:										
	Other driver's direction: on what street										
Time, place,	Did you have a stop sign or a traf	fic light	t?			Other driver:					
and other facts	Did you fail to observe the stop s	ign or ti	raffic light?			Other driver:					
of loss	Which vehicle entered the interse	ection fi	irst?	0							
	What signal(s) did you give?	Other driver:									
	Were you drinking alchohol (beer	Other driver:									
	Were you ticketed for any traffic										
	What violations?										
	Did you admit blame for the acci										
	Was the accident reported to the	Rep	ort#:								
	List all witnesses to the accident	who we	ere not passeng	gers in either ca	ır:						
	Mama	1	-				D (
	Name	Age			Address		Phone No.				
All other	1		1				1				

		ouici
K	vit	nesses

Hame Add Address Injury Type Which Wehche Bodily Injury Hinter Market Hinter Market Hinter Market Where taken:		Was anyone injured (please state yes or no) If yes, give name, age, sex, and addresses of all persons injured in the accident:										
Where taken:		Name	Age	Sex	Address	Injury Type	Which Vehicle					
Where taken:			<u> </u>									
Dector:	Bodily Injury		-									
Dector:												
Do you have coverage for Collision - Lability - Hospitalization - Doctor's Bills? Other Insuran: If so, list the companies and coverages. Policy or Claim No. ATTACH ANOTHER SHEET OF PAPER IF MORE SPACE IS NEEDED IMPORTANT: Describe in your own words how the accident happened. Planse answer All questions on both pages and fax back to 312-568-4577 or remark claims@mydirectanto.com. Planse answer All questions on both pages and fax back to 312-568-4577 or remark claims@mydirectanto.com. Planse answer All questions on both pages and fax back to 312-568-4577 or remark claims@mydirectanto.com. Planse answer All questions on both pages and fax back to 312-568-4577 or remark claims@mydirectanto.com. Planse answer All questions on both pages and fax back to 312-568-4577 or remark claims@mydirectanto.com.												
Other Insurance If so, list the companies and coverages:		Doctor:Address:										
Peicey or Claim No	<i>au i</i>											
IMPORTANE: Describe in your own words how the accident happened:												
IMPORTANE: Describe in your own words how the accident happened:												
Please answer ALL guestions on both pages and fax back to 312-568-4577 or email: claim@mydirestauta.com. Please show on the diagram the names of streets, directons and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. And the other car "0". Show the objects of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arow.		ATTACH ANO	IHE	:R \$	SHEET OF PAPER IF MORE SPACE	S NEEDED						
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.	IMPORTAN	E Describe in your own word	s how	the ad	cident happened:							
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.							1					
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.												
Please show on the diagram the names of streets, directions and locations of objects.concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.	·	Please answer A	LL que	estions	on both pages and fax back to 312-568-4577 or email: claims@mydirect.	auto.com.						
collision. Put in any helpful information. Indicate NORTH by arrow.		Please show on the diagram	m the	name	s of streets, directions and locations of objects_concerned, and	TRAFFIC SIGNS and						
$\sum_{i=1}^{i} i i i $						icles stopped after						
		\backslash										
		$\langle \rangle$										
] []							
		\ \										
						/						
						/						
					/ /							
Signature of driver Date:	Signature of	driver			Date:							