



Direct Auto Insurance Company

ACCIDENT REPORT

Claimant's Statement

Please answer **ALL** questions on both pages and fax back to 312-568-4577.

CLAIM NO. _____

Description of your car

Make of car: _____ Year: _____ Body Type: _____ Lic. Plate No. _____

Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Driver: _____ Age: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

For what purpose was the car being used at the time of the accident? _____

Describe the damages to your car: _____

Is the damage over \$500? Y N Is the car drivable? Y N

If the car is not drivable, where can it be seen? _____

List dates of prior accidents and describe any prior damage your vehicle had: _____

Including the driver, how many occupants were in your car? _____

Description of other car

Make of car: _____ Year: _____ Body Type: _____ Lic. Plate No. _____

Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Driver: _____ Phone No. _____

Address: _____ City: _____ State: _____ Zip: _____

Describe damages to other car: _____ Drivable? Y N

Other driver's insurance company and claim/policy number: _____

Including the driver, how many occupants were in the other car? _____

Time, place, and other facts of loss

Date of accident: _____ Year: _____ Time: _____ AM PM daylight or dark? _____

Location: _____ City: _____ State: _____

Type of road: _____ Wet or Dry _____ Weather: _____

Your direction: _____ on what street _____

Other driver's direction: _____ on what street _____

Did you have a stop sign or a traffic light? _____ Other driver: _____

Did you fail to observe the stop sign or traffic light? _____ Other driver: _____

Which vehicle entered the intersection first? _____

What signal(s) did you give? _____ Other driver: _____

Were you drinking alcohol (beer, wine, liquor, etc)? _____ Other driver: _____

Were you ticketed for any traffic violations? _____ Other driver: _____

What violations? _____

Did you admit blame for the accident? _____ Other driver: _____

Was the accident reported to the police? Y N Which police dept (city or town)? _____ Report#: _____

All other witnesses

List all witnesses to the accident who were not passengers in either car:

Name	Age	Address	Phone No.

Was anyone injured (please state yes or no) _____ If yes, give name, age, sex, and addresses of all persons injured in the accident:

Bodily Injury

Where taken: _____

Doctor: _____ Address: _____

Other Insurance

If so, list the companies and coverages: _____

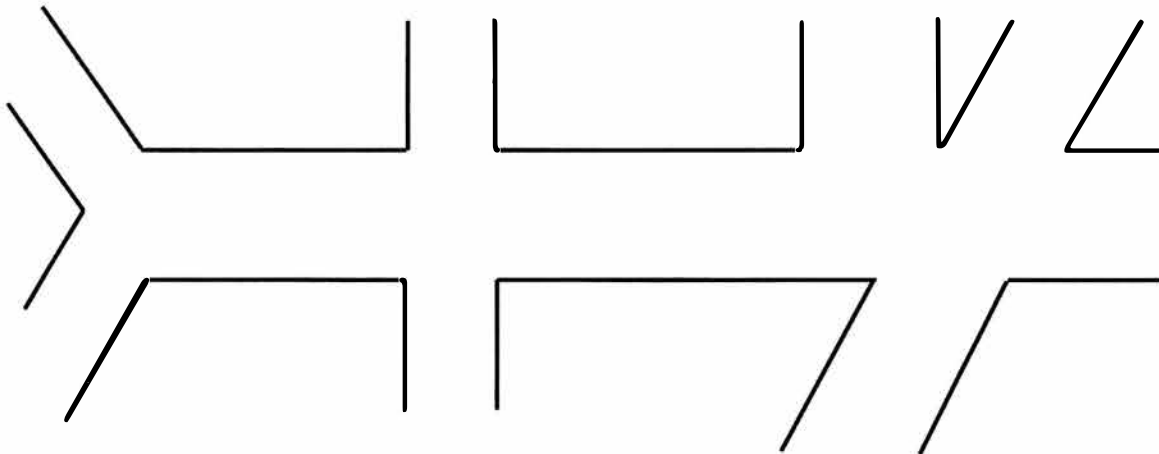
Policy or Claim No. _____

ATTACH ANOTHER SHEET OF PAPER IF MORE SPACE IS NEEDED

IMPORTANT: Describe in your own words how the accident happened: _____

Please answer **ALL** questions on both pages and fax back to 312-568-4577 or email: claims@mydirectauto.com.

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.



Signature of driver _____ Date: _____