



ACCIDENT REPORT FORM

Insured's Statement (ANSWER ALL QUESTIONS-PAGE 1 & 2)

Email completed form to claims@mydirectauto.com or fax to 312-568-4577

Claim No. _____

Description of your vehicle

Make of Car _____ Year _____ Body Type _____ Lic. Plate No. _____

Owner _____ Age _____ Marital Status _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell.) _____

Driver _____ Marital Status _____

E-Mail Address _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell.) _____

For what purpose was vehicle being used at time of accident _____

Describe damages to your vehicle _____

Is damage over \$500.00? (click one) **Y N**

Is vehicle drivable? (click one) **Y N**

If vehicle is not drivable, where can vehicle be seen? _____

Including the driver, how many occupants were in the vehicle? _____

Description of other vehicle

Make of Car _____ Year _____ Body Type _____ Lic. Plate No. _____

Owner _____ Age _____ Marital Status _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell.) _____

Describe damages to other vehicle _____

Is damage over \$500.00? (click one) **Y N**

Is vehicle drivable? (click one) **Y N**

Other party's insurance company and claim or policy number _____

Including the driver, how many occupants were in the other vehicle _____

Time, Place and 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 of travel _____ On what Street? _____

Their direction of travel _____ On what Street? _____

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

Did you fail to observe stop sign or traffic light? _____ Other Party _____

Which vehicle entered the intersection first? _____

What signal did you display? _____

Had you been drinking (beer, wine, liquor, etc.)? _____ Other party? _____

Were you ticketed for any traffic violations? _____ Other Party? _____

What Violations? _____

Did you accept or admit blame for the accident? _____ Other Party? _____

Was Accident reported to police? (circle one) Y N Which Police Department (city or town) _____

Police report No. _____ Desk report or on scene? _____

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

Name	Age	Address	Phone No.
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Bodily Injury

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

Name	Age	Address	Type of injury	Which Veh.
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Where Taken _____

Doctor _____ Address _____

Other Insurance

Do you have coverage for Collision | Liability | Hospitalization | Doctor's Bills?

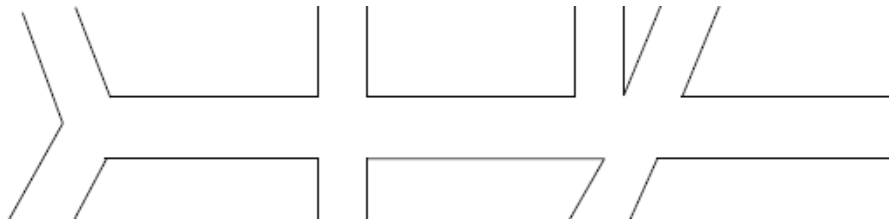
If so, list the companies and coverages: _____

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 show on diagram the names of streets, directions and locations of objects concerned, and traffic signs and stop signs. Mark your vehicle "A" and the other vehicle "B", showing the points of impact and where vehicles stopped after collision. Put in any helpful information. Indicate **North** with an arrow.



Signature

Date