

Claimant's report of automobile damage

Your vehicle

Owner _____ Address _____ Phone _____

Driver _____ Address _____ Phone _____

Insurance company _____ Car parked and unoccupied occupied

Make of car _____ Type _____ Model _____ Year _____

License plate # _____ Damage _____

Estimated repairs \$ _____ Where car may be seen _____

Peoples Gas vehicle

Driver _____

License plate/vehicle # _____ Type of car _____

Occupants of car

Name _____ Address _____

Name _____ Address _____

Injuries

Name _____ Age _____ Address _____

Describe injury _____ Taken to _____

Name _____ Age _____ Address _____

Describe injury _____ Taken to _____

Witnesses

Name _____ Address _____

Name _____ Address _____

Accident information

Date of accident _____ Time _____ a.m. p.m. Weather _____

Location of accident _____

Police notified? Yes No Ticket issued? Yes No To whom? _____

Violation _____ Court date _____ Time _____ a.m. p.m.

Police report # _____

Description of accident _____

Date of report _____ Time of report _____ a.m. p.m. Reported by _____

Return to: Peoples Gas Company – Attention: Claim Services

- Mail: 200 East Randolph Street, Chicago, Illinois 60601
- Fax: 312-240-4370
- Email: Claims@peoplesgasdelivery.com

Questions: Call 866-227-2941