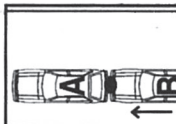

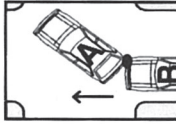
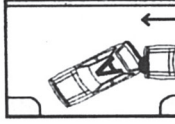


# Statement of Facts on A Front-to-Rear Collision

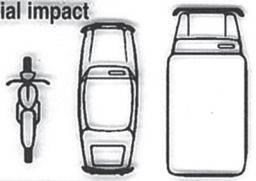
This statement is not an admission of liability but a summary of identities and of the facts which will speed up settlement of claims  
**MUST BE SIGNED BY BOTH DRIVERS**

<b>1. date of accident</b>	<b>2. exact location of accident</b>	<b>Time a.m. / p.m.</b>	<b>3. injuries - even if slight</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>4. property damage:</b> other than to vehicles A and B YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>5. witnesses:</b> names, addresses and telephone numbers (to be underlined if passengers in vehicles A or B)
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VEHICLE A	13. circumstances	VEHICLE B
<b>6. vehicle</b> Reg No° _____ Make/type _____	Tick (✓) each of the relevant boxes to explain the plan of the accident (14)	<b>6. vehicle</b> Reg No° _____ Make/type _____
<b>7. owner</b> (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____	<input type="checkbox"/> 1. striking the rear of the other vehicle 1. <input type="checkbox"/> <input type="checkbox"/> 2. whilst going in the same direction 2. <input type="checkbox"/> <input type="checkbox"/> 3. whilst travelling in the same lane 3. <input type="checkbox"/> <input type="checkbox"/> 4. whilst travelling in a different lane altogether 4. <input type="checkbox"/> <input type="checkbox"/> 5. whilst changing lanes 5. <input type="checkbox"/> <input type="checkbox"/> 6. whilst overtaking 6. <input type="checkbox"/> <input type="checkbox"/> 7. striking the front of the other vehicle whilst reversing 7. <input type="checkbox"/> <input type="checkbox"/> state total number of ticked boxes <input type="checkbox"/>	<b>7. owner</b> (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____
<b>8. driver</b> (see driving licence) Name _____ Surname _____ Address _____ Telephone _____ Driving licence number _____ Group _____ Valid from _____ to _____	If any of the plans shown below describe this collision, you can adopt it by ticking it (✓) and adding any relevant road signs and the names of the streets.    	<b>8. driver</b> (see driving licence) Name _____ Surname _____ Address _____ Telephone _____ Driving licence number _____ Group _____ Valid from _____ to _____
<b>9. insurance company</b> (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate Insurance number _____		<b>9. insurance company</b> (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate Insurance number _____

**10. show with an arrow the point of initial impact**



**14. plan of accident**

Indicate 1. the layout of the road 2. by arrows the direction of vehicles A and B 3. their position at time of impact 4. the road signs 5. the names of streets.

**10. show with an arrow the point of initial impact**



**11. visible damage**

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**11. visible damage**

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**12. remarks**

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**12. remarks**

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On behalf of myself and any witnesses specified in this form, I consent to the processing of our personal data by the insurers and the Malta Insurance Association for the purposes stated on this form and I confirm that I have brought the Data Protection Notice to the attention of these witnesses.

**15. signatures of drivers:** \_\_\_\_\_ of Vehicle A \_\_\_\_\_ of Vehicle B

**MOTOR ACCIDENT REPORT**

To be completed by the Insured and sent immediately to his Insurers (Use a separate sheet of paper where necessary)

<b>Insured</b>	1 Name _____ Identity card/Passport number _____ Occupation _____							
<b>Insured Vehicle</b>	2 Make / Model / Type	C.C.	If commercial vehicle state carrying capacity	Date of first registration as new	Registration mark			
	3 Are you the Owner?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state Owner's name and address			
	4 Exact purpose for which vehicle was being used at the time of accident							
	5 Is the vehicle still in use?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state where it is at present Tel. N°:-			
	6 Name and address of Finance Company (if any)							
<b>Driver or Person in charge of Vehicle</b>  (If the Insured complete this section as appropriate)	7 Date of Birth	Identity Card/Passport N°.	Occupation	Date Driving test passed	Was he driving with your permission	Was he your employee?		
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	8 Give details of any impairment of sight or hearing and of any other disability							
	9 Full details of all driving convictions including pending prosecutions							
		Date	Offence	Penalty				
<b>Injured Persons</b>	10 Name (s), Address (es), and approximate Age (s)		Injuries Sustained		If Vehicle Occupants state in which vehicle?	Were seat belts/crash helmets being worn?		
<b>Damage to Property &amp; Vehicles</b>  (other than vehicles 'A' & 'B' overleaf)	11 Owner (s) Name (s) and Address (es)		Details of Vehicle or Property	Nature of Damage	Insurer's Name and Address (if known)			
<b>Police Action</b>	12 Was the accident reported to the Police?			If yes give station and P.C.'s name and number				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
<b>Accident Details</b>	13 Was warning of presecution given?			If yes, against whom?				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
<b>Accident Details</b>	14 Weather conditions _____							
	15 Speed of vehicles		A <input type="text"/>	B <input type="text"/>				
	16 What warnings were given by driver or other party? _____							
	17 Were street lights illuminated?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	18 What lights were displayed on your vehicle / other vehicle (s)? _____							
	19 If your vehicle is commercial state weight of load carried at time of accident _____							
	20 How many passengers (besides the driver) were being carried at the time of the accident? _____							
	21 State how accident happened, including width of road, speed limits, etc. _____							
	_____							
	_____							
<b>Declaration</b>	22 Who in your opinion is to blame for the accident?							
	Self <input type="checkbox"/>	Both <input type="checkbox"/>	No Comment <input type="checkbox"/>					
I/We declare the foregoing particulars are true in every respect								
Insured's Signature _____					Date _____			



# RAPPORT TA' L-INCIDENT MILL-ASSIGURAT

Timtela mill-Assigurat biex tinghata minnufih lill-Assigurazzjoni wara l-incident

(U a folja ohra fejn ikun mehtieg)

<b>L-Assigurat</b>	1 Isem _____ Karta ta' l-Identità / Passaport _____ Xoghlu _____					
	2 Ghamla / Mudell / Tip	C.C.	F'ka ta' vettura kummerċjali uri <i>carrying capacity</i>	Data ta' l-ewwel registrazzjoni bhala vettura ġdida	Numru ta' registrazzjoni	
	3 Int sid il-karozza?		<input type="checkbox"/> Iva <input type="checkbox"/>	<input type="checkbox"/> Le <input type="checkbox"/>	Jekk le, aghti isem sidha, u l-indirizz tiegħu	
	4 L-għan ezatt li għalih kienet qed tintu a l-vettura meta ġara l-incident					
	5 Il-vettura ghadha tintu a?		<input type="checkbox"/> Iva <input type="checkbox"/>	<input type="checkbox"/> Le <input type="checkbox"/>	Jekk le, għid fejn hi issa Numru tat-telefon	
	6 Għandek xi dejn fuq il-karozza? (Jekk iva, ma' min?)					
<b>Is-sewwieq jew il-Persuna l-oħra li għandha f'idejha il-Vettura (Jekk l-Assigurat innifsu, imla din il-parti fejn mehtieg)</b>	7 Data tat-Twelid	Karta ta' l-Identità Passaport	Xoghlu	Data li fiha għadda mid-Driving test	Kien qed isuq bil-permess tiegħek?	Huwa l-impjegat tiegħek?
					<input type="checkbox"/> Iva <input type="checkbox"/>	<input type="checkbox"/> Le <input type="checkbox"/>
	8 Agħti tagħrif dwar nuqqas ta' vista, smiegh jew dizabbiltà ohra					
	9 Dettalji shah rigward kundanni dwar sewqan jew prosekuzzjoni pendenti					
		Data	Reat	Penali		
<b>Persuni Feruti</b>	10 Isem, indirizz u età		Korrimenti li sofrew		Jekk passiġġieri f'xi vettura għid liema	Kien qad Jintu aw seat belts jew crash helmets
<b>Hsara lill-Propjetà u lill-Vetturi (minbarra l-Vetturi 'A' u 'B' murija fuq il-parti l-oħra ta' din il-formola)</b>	11 Isem u l-indirizz tas-sidien		Dettalji tal-vettura jew propjetà	Tip ta' hsara	Isem u l-indirizz ta' l-Assigurazzjoni	
<b>Azzjoni mill-Pulizija</b>	12 L-incident ġie rraportat lill-Pulizija?		Jekk iva, agħti r-rank u isem il-pulizija u n-numru tiegħu			
	<input type="checkbox"/> Iva <input type="checkbox"/>	<input type="checkbox"/> Le <input type="checkbox"/>				
13 Ġejt av at jekk il-Pulizija humiex ser jiehdu passi?		Jekk iva, kontra min?				
<input type="checkbox"/> Iva <input type="checkbox"/>	<input type="checkbox"/> Le <input type="checkbox"/>					
<b>Dettalji dwar l-incident</b>	14 X'temp kien _____					
	15 Il-veloċità tal-vetturi		A <input type="text"/>	B <input type="text"/>		
	16 Inghata xi sinjal ( <i>horn, indicator, etc.</i> ) mis-sewwieq jew mill-parti l-oħra? _____					
	17 Kien hemm dawl fit-triq?		<input type="checkbox"/> Iva <input type="checkbox"/>	<input type="checkbox"/> Le <input type="checkbox"/>		
	18 Xi dwal kellek fil-vettura tiegħek / fil-vettura l-oħra? _____					
	19 Jekk il-vettura tiegħek hija kummerċjali, kemm kienet ti en it-tagħbija li kellek meta ġara l-incident? _____					
	20 Kemm kienu qed jinġarru passiġġieri (Minbarra d-driver) fil-vettura meta ġara l-incident? _____					
	21 Għid kif ġara l-incident, u agħti d-dettalji dwar il-wisgħa tat-toroq, u l- <i>speed limits</i> etc. _____					
	_____					
	_____					
22 Fl-opinjoni tiegħek ta' min hija r-responsabbiltà?						
Tiegħi <input type="text"/>		Tat-Tnejn <input type="text"/>	No Comment <input type="text"/>			
<b>Dikjarazzjoni</b>	Niddikkjara/w li t-tagħrif mogħti hawnhekk huwa veru f'kull aspekk					
	Firma ta' l-Assigurat _____				Data _____	