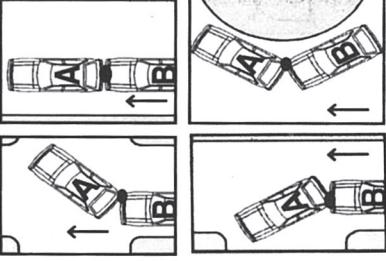
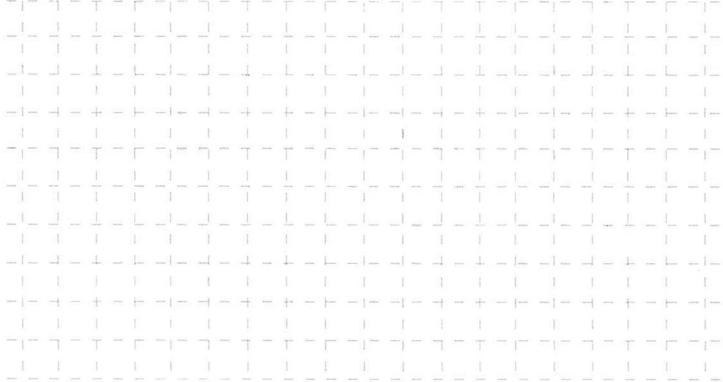
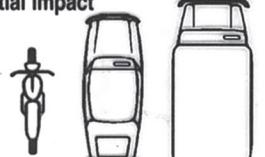
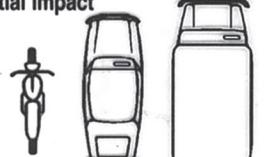
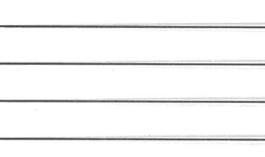
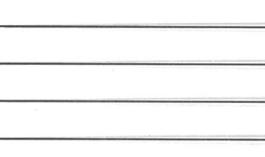
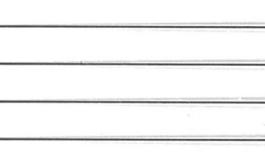
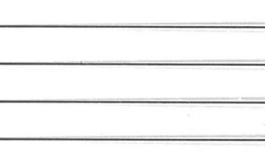


# Statement of Facts on A Front-to-Rear Collision

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**

1. date of accident	2. exact location of accident	Time a.m. / p.m.	3. injuries - even if slight
			YES <input type="checkbox"/> NO <input type="checkbox"/>
4. property damage: other than to vehicles A and B YES <input type="checkbox"/> NO <input type="checkbox"/>		5. witnesses: names, addresses and telephone numbers (to be underlined if passengers in vehicles A or B)	
<b>VEHICLE A</b> <b>6. vehicle</b> Reg No <sup>o</sup> _____ Make/type _____  <b>7. owner</b> (see insurance certificate or logbook) Name _____ Surname _____ Address _____  Telephone _____		<b>13. circumstances</b> Tick (✓) each of the relevant boxes to explain the plan of the accident (14) <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"/>  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>VEHICLE B</b> <b>6. vehicle</b> Reg No <sup>o</sup> _____ Make/type _____  <b>7. owner</b> (see insurance certificate or logbook) Name _____ Surname _____ Address _____  Telephone _____	
<b>9. insurance company</b> (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate _____ Insurance number _____		<b>8. driver</b> (see driving licence) Name _____ Surname _____ Address _____  Telephone _____ Driving licence number _____ Group _____ Valid from _____ to _____	
<b>10. show with an arrow the point of initial impact</b> 		<b>14. plan of accident</b> 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. 	
<b>11. visible damage</b> 		<b>10. show with an arrow the point of initial impact</b> 	
<b>12. remarks</b> 		<b>11. visible damage</b> 	
<b>12. remarks</b> 		<b>12. remarks</b> 	
<b>15. signatures of drivers:</b> 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)

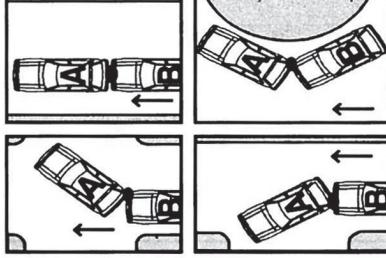
<b>Insured</b>	1 Name _____ Identity card/Passport number _____ Occupation _____								
<b>Insured Vehicle</b>	2 Make / Model / Type		C.C.	If commercial vehicle state carrying capacity	Date of first registration as new	Registration mark			
	3 Are you the Owner?		Yes <input type="checkbox"/>	No <input 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>  <i>(If the Insured complete this section as appropriate)</i>	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 (other than vehicles 'A' &amp; 'B' overleaf)</b>	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"/>							
	13 Was warning of prosecution 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. _____ _____ _____								
	22 Who in your opinion is to blame for the accident? Self <input type="checkbox"/> Both <input type="checkbox"/> No Comment <input type="checkbox"/>								
<b>Declaration</b>	I/We declare the foregoing particulars are true in every respect						Insured's Signature _____ Date _____		

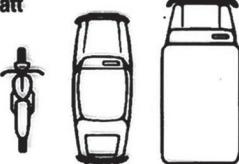
# Dikjarazzjoni dwar Incident tat-Traffiku: Front-to-Rear

Din id-dikjarazzjoni ma titqiesx ammissjoni ta' responsabilità, iżda tikkonstitwixxi tagħrif dwar il-persuni involuti u l-fatti sabiex il-claim tkun tista' tigi pprocessata malajr

TRID TIĞI IFFIRMATA MIŻ-ŻEWG SEWWIEQA

1. data ta' l-incident	2. post ta' l-incident	Hin a.m. / p.m.	3. korra xi hadd (anki hafif) IVA <input type="checkbox"/> LE <input type="checkbox"/>
4. hsarati materjali: apparti l-hsara fil-vettura A jew B, hemm xi hsara ohra? IVA <input type="checkbox"/> LE <input type="checkbox"/>	5. xhieda: ismijiet, indirizzi u numri tat-telefon (indika min mix-xhieda kien passiġjer fil-vettura A jew B)		

<b>VETTURA A</b>		<b>13. ċirkostanzi</b>	<b>VETTURA B</b>
6. vettura Reg No° Għamla/tip	Aghmel sinjal ( <input checked="" type="checkbox"/> ) f'kull kaxxa relevanti biex tispjega l-pjanta ta' l-incident (14)		
7. sid il-vettura (ara c-ċertifikat ta' l-insurance jew logbook)  Isem Kunjom Indirizz  Telefon	<input type="checkbox"/> 1. hbatt mal-parti ta' wara tal-vettura 1. <input type="checkbox"/> <input type="checkbox"/> 2. waqt li kont miexi fl-istess 2. <input type="checkbox"/> <input type="checkbox"/> 3. waqt li kont miexi fl-istess lane 3. <input type="checkbox"/> <input type="checkbox"/> 4. waqt li kont miexi f'lane ohra 4. <input type="checkbox"/> <input type="checkbox"/> 5. waqt li kont qed naqleb minn lane ghall-ohra 5. <input type="checkbox"/> <input type="checkbox"/> 6. waqt li kont qed naqla' vettura ohra 6. <input type="checkbox"/> <input type="checkbox"/> 7. hbatt mal-quddiem tal-vettura l-ohra waqt li kont qed niriversja 7. <input type="checkbox"/> <input type="checkbox"/> numru totali ta' kaxxi li mmakajt <input type="checkbox"/>		
8. sewwieq (ara l-licenzja tas-sewqan)  Isem Kunjom Indirizz  Telefon  Numru tal-Liċenzja tas-sewqan Grupp Valida minn _____ sa _____	Jekk xi pjanta minn dawn ta' hawn taħt tiddiskrivi l-incident immarkaha ( <input checked="" type="checkbox"/> ) u zid l-ismijiet tat-toroq u s-sinjalji tat-traffiku.		
9. kumpanija ta' l-assikurazzjoni (ara c-ċertifikat)  Isem Agent/Broker Numru tal-Polza Numru taċ-ċertifikat ta' l-insurance			

10. urli bi vleġġa fejn seħħi l-ewwel impatt  	14. pjanta ta' l-incident  Uru 1. it-tqassim tat-toroq 2. bi vleġġa d-direzzjoni tal-vetturi A, B 3. il-pożizzjoni tagħhom meta saret il-habta 4. is-sinjalji tat-traffiku 5. l-ismijiet tat-toroq.	10. urli bi vleġġa fejn seħħi l-ewwel impatt  
11. hsarat li jidhru:		11. hsarat li jidhru:
12. trid iżżejjid xi haġa ohra?	F'isimi u fisem ix-xhieda msemmija hawnhekk, naqbel li din l-informazzjoni tkun tista' tigi pprocessata mil-kumpaniji ta' l-assicurazzjoni u mil-Malta Insurance Association għall-iskopijiet kollha msemmija f'din il-formola, u nikkonferma li avvajt b'dan lix-xhieda.	12. trid iżżejjid xi haġa ohra?
15. firma tas-sewwieqa:	Tal-Vettura A	Tal-Vettura B

# RAPPORT TA' L-INCIDENT MILL-ASSIGURAT

Timtela mill-Assigurat biex tingħata minnufih l-ill-Assigurazzjoni wara l-incident

(U a folja oħra fejn ikun meħtieġ)

<b>L-Assigurat</b>	1 Isem _____ Karta ta' l-Identità / Passaport _____ Xogħlu _____						
<b>Vettura Assigurata</b>	2 Għamla / Mudell / Tip	C.C.	F'ka ta' vettura kummerċjali uri carrying capacity	Data ta' l-ewwel registrazzjoni bhala vettura ġidha	Numru ta' registrazzjoni		
	3 Int sid il-karozza?	Iva <input type="checkbox"/>	Le <input type="checkbox"/>	Jekk le, aqhti isem sidha, u l-indirizz tiegħu			
	4 L-ghan ezatt li ghalih kienet qed tintu a l-vettura meta ġara l-incident						
	5 Il-vettura għadha tintu a?	Iva <input type="checkbox"/>	Le <input type="checkbox"/>	Jekk le, ghid 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 fidejha il-Vettura (Jekk l-Assigurat innifsu, imla din il-parti fejn meħtieġ)</b>	7 Data tat-Twelid	Karta ta' l-Identità Passaport	Xogħlu	Data li fiha ghaddha mid-Driving test	Kien qed isuq bil-permess tiegħek?	Huwa l-impjegat tiegħek?	
	Iva <input type="checkbox"/>	Le <input type="checkbox"/>	Iva <input type="checkbox"/>	Le <input type="checkbox"/>	Iva <input type="checkbox"/>	Le <input type="checkbox"/>	
	8 Aqhti tagħrif dwar nuqqas ta' vista, smiegh jew dizabbilità ohra						
	9 Dettalji shah rigward kundanni dwar sewqan jew prosekuzzjoni pendentni						
	Data	Reat			Penali		
<b>Persuni Feruti</b>	10 Isem, indirizz u età	Korrimenti li sofreww		Jekk passiġġieri f'xi vettura ghid liema		Kienu qed Jintu aw seat belts jew crash helmets	
<b>HSara l-ill-Propjetà u l-ill-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 rrapotat lill-Pulizija?	Jekk iva, aqhti r-rank u isem il-pulizija u n-numru tiegħu					
	Iva <input type="checkbox"/>	Le <input type="checkbox"/>					
	13 Ĝejt av at jekk il-Pulizija humiex ser jieħdu passi?	Jekk iva, kontra min?					
	Iva <input type="checkbox"/>	Le <input type="checkbox"/>					
<b>Dettalji dwar l-incident</b>	14 X'temp kien						
	15 Il-veloċită tal-vetturi	A <input type="checkbox"/>	B <input type="checkbox"/>				
	16 Inghata xi sinjal (horn, indicator, etc.) mis-sewwieq jew mill-parti l-oħra?						
	17 Kien hemm dawl fit-triq?	Iva <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-taghbiha li kellek meta ġara l-incident?							
20 Kemm kienu qed jingarru passiġġieri (Minbarra d-driver) fil-vettura meta ġara l-incident?							
21 Ghid kif ġara l-incident, u aqhti d-dettalji dwar il-wisgħa tat-toroq, u l-ispeed limits etc.							
22 Fl-opinjoni tiegħek ta' min hija r-responsabbiltà?	Tieghi <input type="checkbox"/>	Tat-Tnejn <input type="checkbox"/>	No Comment <input type="checkbox"/>				
<b>Dikjarazzjoni</b>	Niddikkjara/w li t-tagħrif mogħti hawnhekk huwa veru f'kull aspett					Data _____	
	Firma ta' l-Assigurat _____						