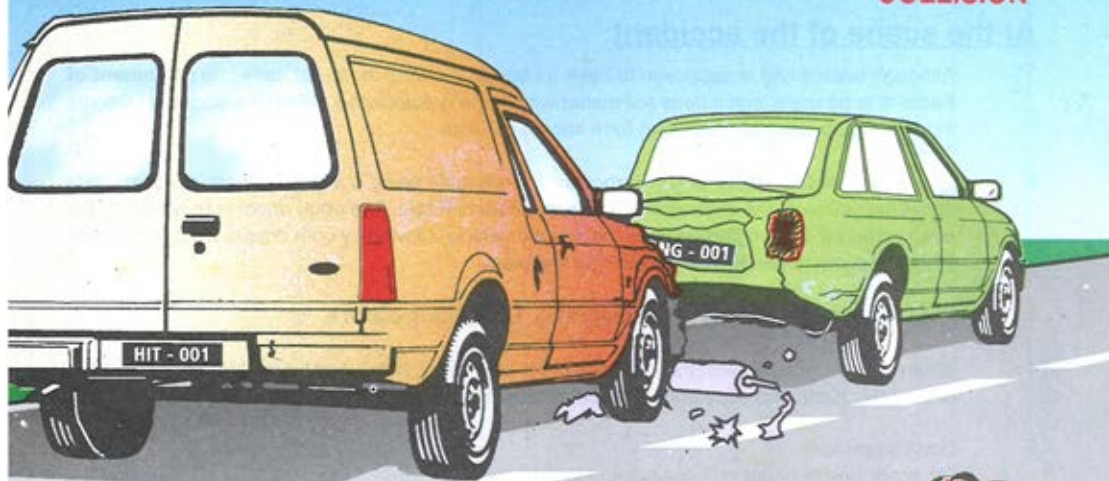


INCIDENT TAT-TRAFFIKU

FRONT - TO - REAR

COLLISION



**“F’dan il-każ, m’hemmx
bżonn ingibu Pulizija”**

***“In this case, one does
not need to call the police”***



HOW TO USE THESE FORMS IN FRONT-TO-REAR COLLISIONS

Each driver who is involved in a front-to-rear collision, should fill in and exchange a copy of this form.

In all other collisions the Local Wardens should be called on site on (tel 21 32 02 02). You have to inform the Local Wardens in case of injuries or damage to Government property in order for them to call the Police.

If a driver does not follow these instructions, he will be breaking the law.

At the scene of the accident

- 1 Although each driver is supposed to have a copy of this form in his car, only one **Statement of Facts** is to be used, and it does not matter which one is completed. When the accident involves more than two vehicles, a second form should be used.
- 2 The **Statement of Facts** is self-carbonised. Preferably using a ball-point pen, complete fully either the yellow or the green part of the Statement of Facts. The other driver is to complete the other coloured section pertaining to the second vehicle. Obviously both drivers will need to refer to their insurance certificates and driving licences.
- 3 Get details of all witnesses before they leave. Complete question 5.
- 4 When you are satisfied with the accuracy of the statement, sign it and have it signed by the other driver (15). Keep one copy and hand the other to the other driver.
- 5 Don't forget to:
 - (a) mark clearly under (10) the point of initial impact.
 - (b) tick (✓) in each appropriate square on your side (numbers 1 to 7) in section 13 and state the total number of spaces marked.
 - (c) draw a plan of the accident location (14) showing all the information indicated.
- 6 It is advisable to keep a disposable camera in your car. In this way, you will be able to take photographs of the collision, so as to have better proof.

When you return home

(1) Fully complete the **Motor Accident Report** on the back of your version of the **Statement of Facts**. This is your own report to your insurers, and in case of need, your insurance company will help you fill in this report.

(2) Immediately inform your insurer about the accident and deliver this form to them which includes (i) the **Statement of Facts** and (ii) **Motor Accident Report**.

Personal Information

The personal details you provide in this **Declaration** and report, may constitute personal data according to the Data Protection Act.

The insurers mentioned in this **Declaration** will be able to process this data for the handling of claims, and for the purposes of detecting, preventing and suppressing fraud and of keeping statistics.

This personal data may be disclosed to other insurers, to the Malta Insurance Association or other market entity for underwriting and claims handling purposes. These entities may also use this information for the purposes of detecting, preventing and suppressing fraud and of keeping statistics.

You have a right to request access to such personal data, and where applicable, to rectify such data by doing so in writing to the insurance companies mentioned in this **Declaration**.

KIF TIMLA L-FORMOLA F'KAŻ TA' INĊIDENT FRONT-TO-REAR

Sewwieqa li jkunu involuti f'incident bejn il-quddiem u wara ta' żewġ vetturi għandhom jimlew din il-formola, u jaqtuha lil xulxin.

Il-Gwardjani Lokali (Tel 21 32 02 02) għandhom jiġu msejjaħa fil-kazijiet l-oħra kollha. Għandek tinforma lill-Gwardjani Lokali f'kaz ta' korrimnt jew hsara lill-propjetà tal-Gvern sabiex isejju lill-Pulizija.

Tkun qed tikser il-liġi jekk ma ssegwix dawn l-istruzzjonijiet.

Fuq il-post ta' l-incident

- 1 Kull sewwieq għandu jkollu kopja ta' din il-formola fil-vettura tiegħu. Però, meta tiġi biex timlilha, uża formola waħda (2 formoli fejn jahbtu 3 vetturi eċċ). F'it jimporta min jipproduċiha.
- 2 Id-**Dikjarazzjoni** fuq il-faccata hija diġa' self-carbonised. Għalhekk uża biro u aghi tas-sew, biex il-kopja tkun tinqara. L-ewwel sewwieq irid jimla l-parti s-safra jew il-parti l-hadra tad-**Dikjarazzjoni**. Is-sewwieq l-iehor irid jimla l-parti kkulurita l-oħra li tirreferi għat-tieni vettura. Biex tagħmlu dan, ikollkom bżonn irreferu għaċ-ċertifikati ta' l-assigurazzjoni u l-liċenzji tas-sewqan.
- 3 Jekk kien hemm xi xhieda li raw l-incident, hudilhom isimhom u l-indirizz tagħhom qabel ma jittliqu (taqsima 5). Din l-informazzjoni tista tkun utili hafna f'kaz ta' diffikultà mas-sewwieq l-iehor.
- 4 Meta tħossok sodisfatt bid-**Dikjarazzjoni**, iffirmaha u ara li tiġi firmata mis-sewwieq l-iehor (taqsima 15). Folja mid-**dikjarazzjoni** għandha tinghata lis-sewwieq l-iehor, filwaqt li inti għandek iżomm il-folja l-oħra.
- 5 Tinsieq:
 - (a) turi bi preċiżjoni fejn sehh l-ewwel impatt, permezz ta' vlegġa fit-taqsima (10).
 - (b) tagħmel sinjal (✓) f'kull kaxxa li tiddiskrivi kif sehh l-incident (numru 1 sa 7) fit-taqsima (13) u turi fil-aħhar n-numru totali ta' kaxxi li mmarkajt.
 - (c) ipiġi pjanta ta' l-incident fit-taqsima (14), u timmarka l-informazzjoni kollha meħtieġa.
- 6 Ikun tejjeb li żżomm camera disposable fil-karozza. B'hekk tkun tista' tiehu ritratti tal-incident biex ikollok prova ahjar tal-fatti.

Meta tirritorna d-dar

(1) **Imla l-parti ta' wara tal-formola (ir-rapport tiegħek)** u aghthi l-informazzjoni meħtieġa lill-kumpanja ta' l-assigurazzjoni tiegħek. F'kaz ta' bżonn, tista tirikori għand l-assigurazzjoni tiegħek biex iġinuk timla l-parti ta' wara tal-formola.

(2) Minnufih informa l-kumpanja ta' l-assigurazzjoni b'dan l-incident u aghthom din il-formola li tinkludi (i) id-**Dikjarazzjoni** ta' l-incident u (ii) ir-rapport personali tiegħek, fuq il-parti ta' wara.

Informazzjoni Personali

Id-dettagli li timla fid-**Dikjarazzjoni** u fir-rapport tiegħek, jistgħu jikkostitwixxu informazzjoni personali għall-iskopijiet tal-Att Dwar il-Protezzjoni u l-Privatezza tad-Data.

Il-Kumpanji tal-assigurazzjoni msemmija fid-**Dikjarazzjoni** jkunu jistgħu jipproċessaw din l-informazzjoni sabiex iwiegħu għall-claims, kif ukoll sabiex jiskopru, jevitaw u jrażznu frodi u biex iżzom l-istatistika.

Din l-informazzjoni personali tista' wkoll tinghata lill-kumpanji tal-assigurazzjoni oħra jew lill-Malta Insurance Association jew entità oħra għal skopijiet ta' *underwriting* jew biex jiviegħu claims. Dawn l-istess persuni jkunu jistgħu jinqdew ukoll b'din l-informazzjoni sabiex jiskopru, jevitaw u jrażznu frodi u biex iżzommu l-istatistika.

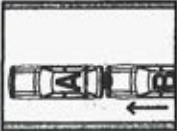
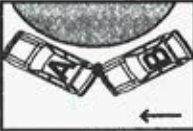
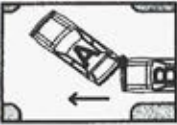
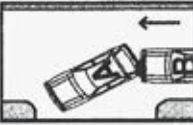
Inti tista' titlob bil-miktub lill-kumpanji tal-assigurazzjoni imsemmija fid-**Dikjarazzjoni** biex iġghaddiek l-informazzjoni li jipproċessaw dwarek, u fejn ikun il-kaz tista' titlob li jikkoreġu kwalunkwe fatt żbaljat.



Dikjarazzjoni dwar Inċident 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 ikun jista' jiġi mgharbel malajr
TRID TIĠI IFFIRMATA MIŻ-ŻEWĠ SEWWIEQA

1. data u hin ta' l-inċident	2. post ta' l-inċident	3. korra xi hadd <small>(anke haff)</small> IVA <input type="checkbox"/> LE <input type="checkbox"/>
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4. hsarat materjali: apparti l-hsara fil-vettura A jew B, hemm xi hsara oħra? IVA <input type="checkbox"/> LE <input type="checkbox"/>	5. xhieda: ismijiet, indirizzi u numri tat-telefon (indika min mix-xhieda kien passigier fil-vettura A jew B)
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VETTURA A	13. ċirkostanzi	VETTURA B
6. vettura Reg No _____ Ghamla /tip _____	Aghmel sinjal (✓) f'kull kaxxa relevanti biex tispjega l-pjanta ta' l-inċident (14) <input type="checkbox"/> 1. hbutt mal-parti ta' wara tal-vettura l-oħra <input type="checkbox"/> 2. waqt li kont miexi fl-istess direzzjoni <input type="checkbox"/> 3. waqt li kont miexi fl-istess lane <input type="checkbox"/> 4. waqt li kont miexi f'lane oħra <input type="checkbox"/> 5. waqt li kont qed naqleb minn lane għall-oħra <input type="checkbox"/> 6. waqt li kont qed naqla' vettura oħra <input type="checkbox"/> 7. hbutt mal-quddiem tal-vettura l-oħra waqt li kont qed nirriversja <input type="checkbox"/> numru totali ta' kaxxa li mmarkajt	6. vettura Reg No _____ Ghamla /tip _____
7. sid il-vettura (ara ċ-ċertifikat ta' l-insurance jew logbook) Isem _____ Kunjom _____ Indirizz _____ Telefon _____	<input type="checkbox"/> 2. waqt li kont qed naqleb minn lane għall-oħra <input type="checkbox"/> 3. waqt li kont miexi f'lane oħra <input type="checkbox"/> 4. waqt li kont qed naqla' vettura oħra <input type="checkbox"/> 5. waqt li kont qed nirriversja <input type="checkbox"/> 6. waqt li kont qed naqla' vettura oħra <input type="checkbox"/> 7. hbutt mal-quddiem tal-vettura l-oħra waqt li kont qed nirriversja <input type="checkbox"/> numru totali ta' kaxxa li mmarkajt	7. sid il-vettura (ara ċ-ċertifikat ta' l-insurance jew logbook) Isem _____ Kunjom _____ Indirizz _____ Telefon _____
8. sewwieg (ara l-liċenzja tas-sewqan) Isem _____ Kunjom _____ Indirizz _____ Telefon _____ Nru tal-Liċenzja tas-sewqan _____ Grupp _____ Valida minn _____ sa _____	Jekk xi pjanta minn dawn ta' hawn taht tiddiskrivi l-inċident immarkaha (✓) u żid l-ismijiet tat-toroq u s-sinjali tat-traffiku	8. sewwieg (ara l-liċenzja tas-sewqan) Isem _____ Kunjom _____ Indirizz _____ Telefon _____ Nru tal-Liċenzja tas-sewqan _____ Grupp _____ Valida minn _____ sa _____
9. kumpanija ta' l-assikurazzjoni (ara ċ-ċertifikat) Isem _____ Aġent/Broker _____ Numru tal-Polza _____ Numru taċ-ċertifikat ta' l-insurance _____	   	9. kumpanija ta' l-assikurazzjoni (ara ċ-ċertifikat) Isem _____ Aġent/Broker _____ Numru tal-Polza _____ Numru taċ-ċertifikat ta' l-insurance _____

10. uri bi vlegġa fejn sehħ l-ewwel impatt	14. pjanta ta' l-inċident	10. uri bi vlegġa fejn sehħ l-ewwel impatt
	Uri 1. it-tqassim tat-toroq 2. bi vlegġa d-direzzjoni tal-vetturi A, B 3. il-pożizzjoni tagħhom meta saret il-habta 4. is-sinjali tat-traffiku 5. l-ismijiet tat-toroq <div style="border: 1px dashed black; height: 150px; width: 100%;"></div>	
11. hsarat li jidhru: _____ _____ _____		11. hsarat li jidhru: _____ _____ _____
12. trid iżżid xi haġa oħra? _____ _____ _____		12. trid iżżid xi haġa oħra? _____ _____ _____
F'ismi u f'isem ix-xhieda msemmija hawnhekk, naqbel li din l-informazzjoni tkun tista' tiġi pproċessata mil-kumpaniji ta' l-assigurazzjoni u mil-Malta Insurance Association għall-iskopijiet kollha msemmija f'din il-formola, u nikkonferma li avżajt b'dan lix-xhieda.		
15. firma tas-sewwieqa:	Tal-Vettura A	Tal-Vettura B

Tibdel xejn minn din id-dikjarazzjoni wara li tiġi ffirmata u wara li tinghata l-kopja lis-sewwieg l-iehor

ENGLISH VERSION ON NEXT PAGE

Rapport ta' l-Inċident mill-Assigurat

Tim tela mill-Assigurat biex tinghata minn fuq lill-Assigurazzjoni wara l-Inċident

(Uża folja oħra fejn ikun meħtieġ)

L-Assigurat	1 Isem	Karta ta' l-identita/Passaport		Xoghlu	
	2 Għamla/Mudell/Tip	CC	F'każ ta vettura kummerċjali <i>uri carrying capacity</i>	Data ta' l-ewwel reġistrazzjoni bħala vettura ġdida	Numru tar-reġistrazzjoni

3 Inti sid il-karrozza? Iva Le Jekk le, agħti isem sidha, u l-indirizz tiegħu.

Il-Vettura Assigurata

4 L-għan eżatt li għalih kienet qed tintuża l-vettura meta ġara l-Inċident

5 Il-vettura għadha tintuża? Iva Le Jekk le, għid fejn hi issa.
Numru tat-telefon

6 Għandek xi dejn fuq il-karrozza? (Jekk iva, ma' min?)

Is-Sewwieq jew Il-Persuna l-oħra li għandha f'idejha l-Vettura

7 Data tat-Twelid: _____ Karta ta' l-Identita/Passaport: _____ Xoghlu: _____ Data li fiha għadda mid-Driving test: _____ Kien qed isuq bil-permess tiegħek? Iva Le Huwa l-Impjegat tiegħek? Iva Le

8 Agħti tagħrif dwar nuqqas ta' vista, smiegh jew diżabbiltà oħra.

9 Dettalji shah rigward kundanni dwar sewqan jew prosekuzzjoni pendenti

(Jekk huwa l-Assigurat innifsu, imla din il-parti fejn meħtieġ)

Data	Reat	Penali

Persuni Feruti

10 Isem, indirizz u età	Korrimenti li sofrew	Jekk passigieri f'xi vettura għid liema?	Kienu qed jintużaw seat belts jew crash helmets?

Hsara lill-Propjeta u lill-Vetturi (minbarra l-Vettura 'A' u 'B' murija fuq il-parti l-oħra ta' din il-formola)

11 Isem u l-indirizz tas-sidien	Dettalji tal-vettura jew propjeta	Tip ta' hsara	Isem u l-indirizz ta' l-Assigurazzjoni

Azzjoni mill-Pulizija

12 L-Inċident ġie rrapportat lill-Pulizija? Iva Le Jekk iva, agħti r-rank u isem il-pulizija u n-numru tiegħu.

13 Ġejt avżat jekk il-pulizija humiex ser jiehdu passi? Iva Le Jekk iva, kontra min?

Dettalji dwar l-Inċident

14 X' temp kien? _____

15 Il-veloċità tal-vetturi A B

16 Inghata xi sinjal (*horn, indicators, ecc.*) mis-sewwieq jew mill-parti l-oħra? _____

17 Kien hemm dawl fit-triq? Iva Le

18 Xi dawl kellek fil-vettura tiegħek / fil-vettura l-oħra? _____

19 Jekk il-vettura tiegħek hija kummerċjali, kemm kienet liżen it-tagħbija li kellek meta ġara l-inċident? _____

20 Kemm kienu qed jingarru passigieri (Minbarra *d-driver*) fil-vettura meta ġara l-inċident? _____

21 Għid kif ġara l-inċident, u agħli dettalji dwar il-wisgha tat-toroq, u l-*speed limits ecc.* _____

22 Fl-opinjoni tiegħek ta' min hija ir-responsabbiltà?

Tiegħi Tat-Tnejn No Comment

Dikjarazzjoni

Niddikjara/w li t-tagħrif mogħti hawnhekk huwa veru f' kull aspott.

Firma ta' l-Assigurat

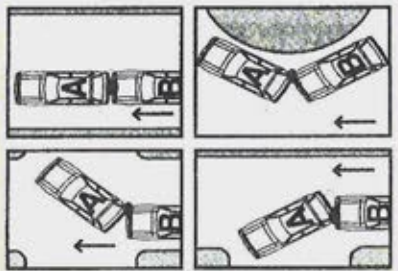
Data


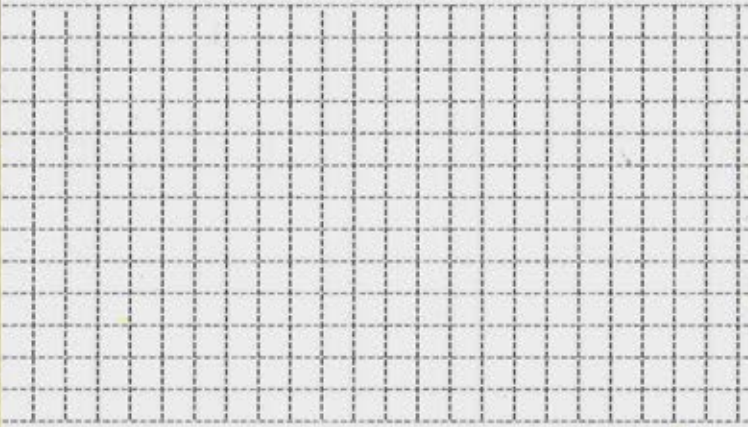

Statement of Facts on a Front-to-Rear Collision

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 and time of accident	2. exact location of accident	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)
---	---

VEHICLE A	13. circumstances	VEHICLE B
6. vehicle Reg No _____ Make /Type _____	Tick (✓) each of the relevant boxes to explain the plan of the accident (14)	6. vehicle Reg No _____ Make/type _____
7. owner (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____	<input type="checkbox"/> 1. striking the rear of the other vehicle <input type="checkbox"/> 1. <input type="checkbox"/> 2. whilst going in the same direction <input type="checkbox"/> 2. <input type="checkbox"/> 3. whilst travelling in the same lane <input type="checkbox"/> 3. <input type="checkbox"/> 4. whilst travelling in a different lane altogether <input type="checkbox"/> 4. <input type="checkbox"/> 5. whilst changing lanes <input type="checkbox"/> 5. <input type="checkbox"/> 6. whilst overtaking <input type="checkbox"/> 6. <input type="checkbox"/> 7. striking the front of the other vehicle whilst reversing <input type="checkbox"/> 7. <input type="checkbox"/> state total number of ticked boxes <input type="checkbox"/>	7. owner (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____
8. driver (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 by ticking it (✓) and adding any relevant road signs and the names of the streets.	8. driver (see driving licence) Name _____ Surname _____ Address _____ Telephone _____ Driving licence number _____ Group _____ Valid from _____ to _____
9. insurance company (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate insurance number _____		9. insurance company (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate insurance number _____

VEHICLE A	14. plan of accident	VEHICLE B
10. show with an arrow the point of initial impact 	Indicate 1. the layout of the road 2. by arrows the direction of vehicles A, 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: _____ _____ _____		11. visible damage _____ _____ _____
12. remarks _____ _____ _____	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	12. remarks _____ _____ _____

Do not alter anything in this statement after it is signed and a copy is handed to the other driver

MOTOR ACCIDENT REPORT

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

Insured	1 Name _____ Identity card/Passport number _____ Occupation _____								
Insured Vehicle	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: No:-				
	6 Name and address of Finance Company (if any)								
Driver or Person in charge of Vehicle (If the Insured complete this section as appropriate)	7 Date of Birth	Identity Card/ Passport No.	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			
Injured Persons	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?			
Damage to Property & Vehicles (other than vehicles 'A' & 'B' overlaid)	11 Owner(s) Name(s) and Address(es)		Details of Vehicle or Property	Nature of Damage	Insurer's Name and Address (if known)				
Police Action	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"/>							
Accident Details	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"/>					
Declaration	I/We declare the foregoing particulars are true in every respect								
	Insured's Signature _____						Date _____		