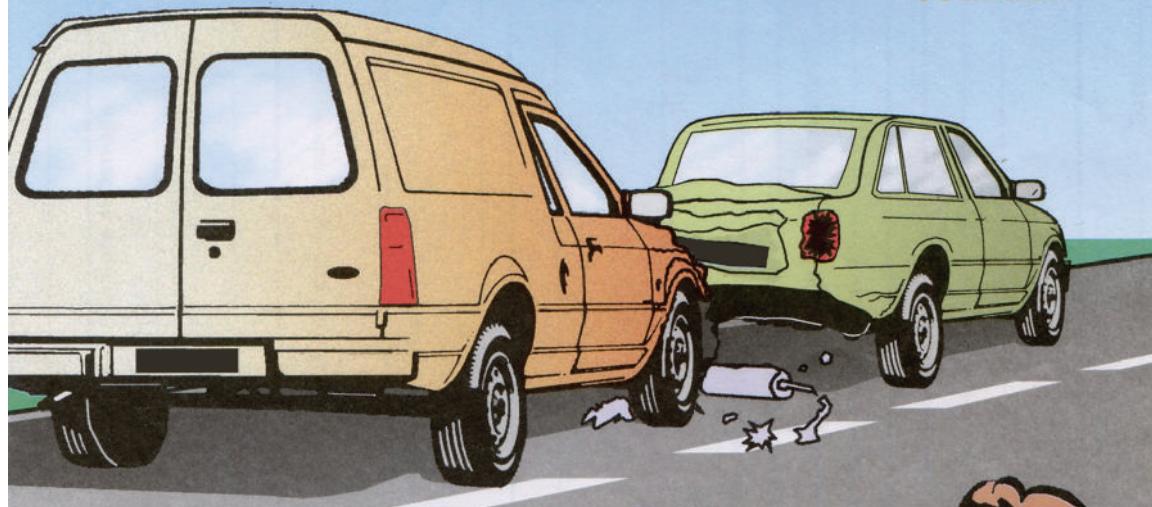


FRONT - TO - REAR

COLLISION



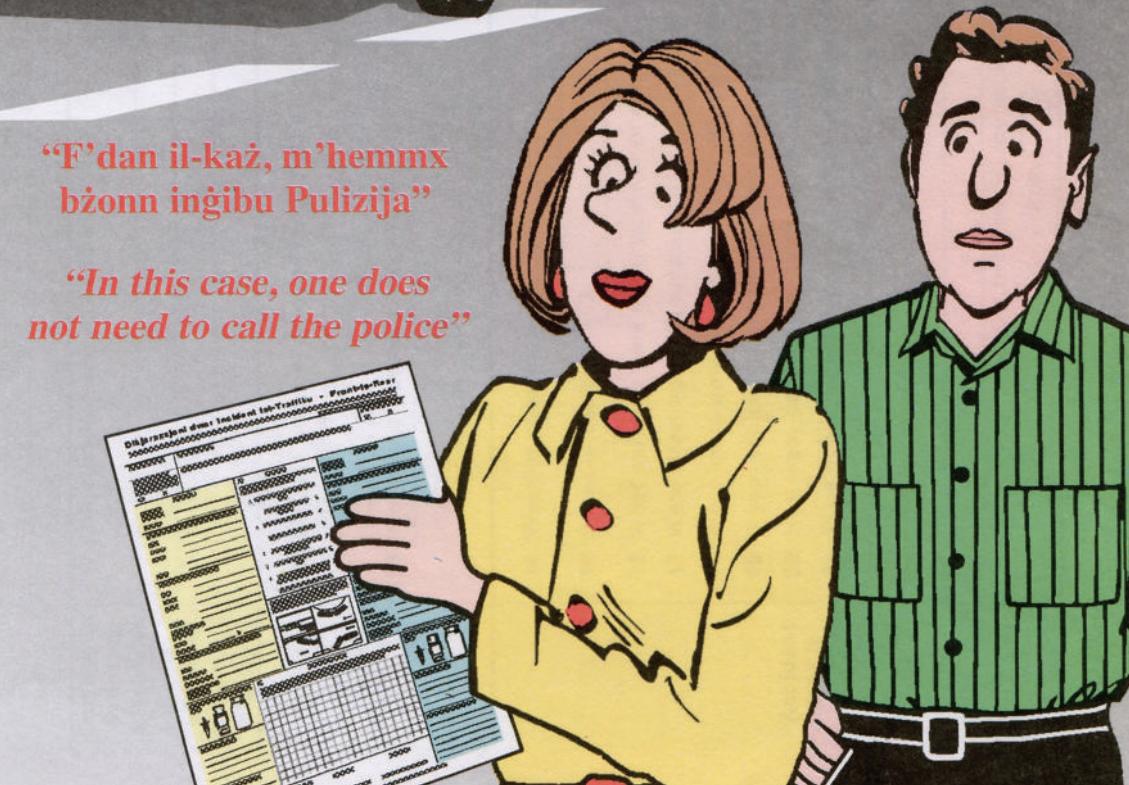
M'hemmx għalfejn jissejħu I-Gwardjani Lokali (tel: 21320202), sakemm ma jkunx hemm korriġent, fejn għandek issejjaħ lill-Pulizija (tel: 112).

There's no need to call the Local Wardens (tel: 21320202) unless in case of injury, where the Police (tel: 112) should be called.

- Importanti li tieħu ritratti tal-inċident u tal-madwar.
- *Take photos of accident and its surroundings.*
- Wara neħħi l-vetturi min-nofs tat-triq biex ma jinżammx traffiku.
- *Afterwards remove vehicles so as not to obstruct traffic.*
- F'każ li ma tafx taqra u/jew tikteb mur fl-eqreb Għassa tal-Pulizija biex timla l-formola skont l-istruzzjonijiet fuq ġewwa.
- *If you are unable to read and/or write go to the nearest Police Station to complete the form according to the instructions inside.*
- Imla l-formola kollha u iffirmaha.
- *Complete the Front-to-Rear form and sign it.*

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

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

 An illustration of a 'Front-to-Rear' accident report form. The form is titled 'Dokumenti din il-Inċiend Tat-Traffiku - Front-to-Rear'. It contains various fields for information such as date, time, location, vehicle details, and witness signatures. The form is mostly blank with some pre-printed text and boxes.


Data Protection Notice

The details you provide in this declaration constitutes personal data in accordance with the Data Protection Act and will be processed in order to enable the handling of claims, and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This personal data will be disclosed to the insurers mentioned in this declaration and may also be disclosed to the insurance agents, Tied Insurance Intermediaries or brokers of the policyholders. In addition, some or all of the information may be passed to other insurance companies, to the Malta Insurance Association or other market entity or to reinsurers for underwriting and claims handling purposes and also 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 insurers mentioned in this declaration.

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

Each driver who is involved in a front-to-rear collision, should fill and exchange a copy of this form. In this way, each driver will have enough information regarding the identity of the other driver, his insurance and the circumstances in which the accident occurred. If a driver does not do so, he will be breaking the law. In the Maltese Islands, a policeman should always be called on site, except in the case of a front-to-rear collision. A policeman should also be present in the case of injuries, or when government property is involved. The Police can be contacted on telephone number 21 224001, or at the nearest Police Station.

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**.

Avviż dwarf il-Protezzjoni tad-Data

Id-dettalji li int tagħti f'din id-dikjarazzjoni jikkonstitwixxu data personali skont l-Att dwar il-Protezzjoni tad-Data, u dawn jiġu processati ghall-amministrazzjoni ta' klejms u ghall-iskop li nipprevenu, insibu jew innaqqsu l-frodi fuq l-assigurazzjoni jew biex inżommu l-istatistika. Din id-data personali ser tigi mogħtija lill-kumpaniji tal-assigurazzjoni msemmija u tista' wkoll tigi mogħtija lill-aġġenti, Tied Insurance Intermediaries jew brokers tal-assigurazzjoni tad-detentur tal-polza. Dawn id-dettalji jistgħu wkoll jiġu mghoddija lill-kumpaniji ohra tal-assigurazzjoni, lill-assoċċazzjonijiet tal-assigurazzjoni jew reinsurers għal skopijiet ta' sottoskrizzjoni jew amministrazzjoni ta' klejms u/jew ghall-iskop li nipprevenu, insibu jew innaqqsu frodi fuq l-assigurazzjoni jew biex inżommu l-istatistika. Int għandek id-dritt li titlob korrezzjoni fejn ikun meħtieġ. Kull talba għandha ssir bil-miktub lill-kumpaniji tal-assigurazzjoni msemmija f'din id-dikjarazzjoni.

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

Sewwieqa li jkunu involuti f'inċiēnt bejn il-quddiem u wara ta' żewġ vetturi għandhom jidher din il-formola, u jaġiha l-i-xulxin. B'hekk kull sewwieq ikollu fil-pussess tiegħi tagħrif dwar l-identità tas-sewwieq l-ieħor, l-assigurazzjoni tiegħi u ġiċċi kien hemm kolliżjoni front-to-rear (daqqa minn wara). Naturalment, il-Pulizija għandha tissejja hox-xort waħda, jekk ikorri xi hadd jew tkun involuta propjetà tal-gvern. Il-pulizija tista' tissejja bit-telefawn fuq in-numru 21 224001. Tista' wkoll tirrikorri għand l-eqreb ghassha tal-pulizija.

Fuq il-post tal-inċiēnt

- 1 Kull sewwieq għandu jkollu kopja ta' din il-formola fil-vettura tiegħi. Però, meta tigi biex timlieha, uža formola waħda (2 formoli fejn jaħbu 3 vetturi eċċi). Ftit jimporta min jipproduċiha.
- 2 Id-Dikjarazzjoni fuq il-faċċata hija diġa' self-carbonised. Għalhekk uža biro u aghfas sew, biex il-kopja tkun tingħara. L-ewwel sewwieq irid jimla l-parti s-safra jew il-parti l-hadra tad-Dikjarazzjoni. Is-sewwieq l-ieħor irid jimla l-parti kkulurita l-oħra li tirreferi għat-tieni vettura. Biex tagħmlu dan, ikollkom bżonn tirreferu għaċċ-certiifikati tal-assigurazzjoni u l-licenzji tas-sewqan.
- 3 Jekk kien hemm xi xhieda li raw l-inċiēnt, ħudilhom isimhom u l-indirizz tagħhom qabel ma jitilqu (taqsima (5). Din l-informazzjoni tista' tkun utli hafna f'każ ta' diffikultà mas-sewwieq l-ieħor.
- 4 Meta thossok sodisfatt bid-Dikjarazzjoni, iffirmaha u ara li tigi ffurmata mis-sewwieq l-ieħor (taqsima (15). Folja mid-dikjarazzjoni għandha tingħata lis-sewwieq l-ieħor, filwaqt li inti għandek iż-żomm il-folja l-oħra.

Tinsie:

- 5 (a) turi bi preċiżjoni fejn seħħi l-ewwel impatt, permezz ta' vleġġa fit-taqṣima (10).
(b) tagħmel sinjal (✓) f'kull kaxxa li tiddiskrivi kif seħħi l-inċiēnt (numru 1 sa 7) fit-taqṣima (13) u turi fl-afħħar n-numru totali ta' kaxxi li mmarkajt.
(c) tpiġi pjanta tal-inċiēnt fit-taqṣima (14), u timmarka l-informazzjoni kollha meħtieġa.
- 6 Ikun tajjeb li żżomm kamera tar-ritratti, jew jekk għandek smartphone, tieħu ritratt tal-inċiēnt biex ikollok prova ahjar tal-fatti.

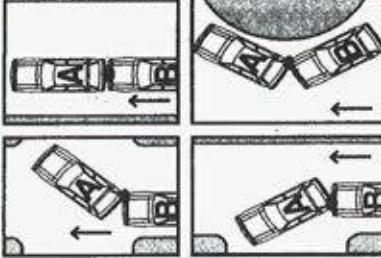
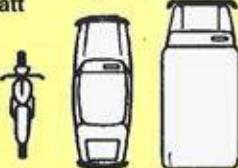
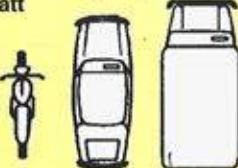
Meta tirritorna d-dar

- (1) Imla l-parti ta' wara tal-formola (ir-rapport tiegħek) u aqgti l-informazzjoni meħtieġa lill-kumpanija tal-assigurazzjoni tiegħek. F'każ ta' bżonn, tista' tirrikorri għand l-assigurazzjoni tiegħek biex jgħinuk timla l-parti ta' wara tal-formola.
- (2) Minnufiħ informa l-kumpanija tal-assigurazzjoni b'dan l-inċiēnt u aqgtihom din il-formola li tinkludi (i) id-Dikjarazzjoni tal-inċiēnt u (ii) ir-rapport personali tiegħek, fuq il-parti ta' wara.

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

Din id-dikjarazzjoni ma titqlesx ammissjoni ta' responsabilità, iżda tikkonstitwixxi tagħrif dwar il-persuni involuti u l-fatti sabiex il-claim ikun jista' jiġi mgharbel malajek.

TRID TIĞI IFFIRMATA MIŻ-ŻEWG SEWWIEQA

1. data u hin ta' l-inċident	2. post ta' l-inċident	3. korra xi hadd (arke haqq) IVA <input type="checkbox"/> LE <input type="checkbox"/>																				
4. hšarat materjali: apparti l-hsara fil-vettura A jew B, hemm xi hsara ohra? IVA <input type="checkbox"/> LE <input type="checkbox"/>	5. xchieda: ismijiet, indirizzi u numri tat-telefon (indika minn mix-xchieda kien passiġier fil-vettura A jew B)																					
6. vettura A Reg No _____ Għamla /tip _____	13. ċirkostanzi Aġħmel sinjal (✓) f'kull kaxxa relevanti biex tispjega l-pjanta ta' l-inċident (14) <input type="checkbox"/> 1. hbatt mal-parti ta' wara tal-vettura 1. <input type="checkbox"/> l-ohra <input type="checkbox"/> 2. waqt li kont miexi fl-istess 2. <input type="checkbox"/> direzzjoni <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 għall-ohra 5. <input type="checkbox"/> <input type="checkbox"/> 6. waqt li kont qed naqla' vettura 6. <input type="checkbox"/> ohra <input type="checkbox"/> 7. hbatt mal-quddiem tal-vettura 7. <input type="checkbox"/> l-ohra waqt li kont qed nirversja <input type="checkbox"/> numru totali ta' kaxxa li mmarkajt <input type="checkbox"/> Jekk xi pjanta minn dawn ta' hawn taħħid tiddiskrivi l-inċident immarkaha (✓) u żid l-ismijiet tat-toroq u s-sinjal tat-traffiku	VETTURA B Reg No _____ Għamla /tip _____																				
7. sid il-vettura (ara c-certifikat ta' l-insurance jew logbook) Isem _____ Kunjom _____ Indirizz _____ Telefon _____	7. sid il-vettura (ara c-certifikat ta' l-insurance jew logbook) Isem _____ Kunjon _____ Indirizz _____ Telefon _____																					
8. sewwieq (ara l-licenzja tas-sewqan) Isem _____ Kunjon _____ Indirizz _____ Telefon _____ Nru tal-Licenzja tas-sewqan _____ Grupp _____ Valida minn _____ sa _____	8. sewwieq (ara l-licenzja tas-sewqan) Isem _____ Kunjom _____ Indirizz _____ Telefon _____ Nru tal-Licenzja tas-sewqan _____ Grupp _____ Valida minn _____ sa _____																					
9. kumpanija ta' l-assikurazzjoni (ara c-certifikat) Isem _____ Aġġent/Broker _____ Numru tal-Polza _____ Numru taċ-ċertifikat ta' l-insurance _____	14. pjanta ta' l-inċident 	9. kumpanija ta' l-assikurazzjoni (ara c-certifikat) Isem _____ Aġġent/Broker _____ Numru tal-Polza _____ Numru taċ-ċertifikat ta' l-insurance _____																				
10. uri bi vleġġa fejn sehh l-ewwel impatt 	11. hšarat li jidher: <table border="1" style="width: 100%; height: 150px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>											10. uri bi vleġġa fejn sehh l-ewwel impatt 										
12. trid iżżejjid xi haġa ohra? <table border="1" style="width: 100%; height: 150px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>											<p>Fismi u l-isem ix-xchieda msemmija hawnhekk, naqbel li din l-informazzjoni tkun tista' tiġi pproċċessata mil-kumpaniji ta' l-assikurazzjoni u mil-Malta Insurance Association għall-iskopijiet kollha msemmija f'din il-formola, u nikkonferma li avżajt b'dan lix-xchieda.</p>	11. hšarat li jidher: <table border="1" style="width: 100%; height: 150px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>										
15. firma tas-sewwieqa: Tal-Vettura A _____ Tal-Vettura B _____		12. trid iżżejjid xi haġa ohra? <table border="1" style="width: 100%; height: 150px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>																				

Tibdel xejn minn din id-dikjarazzjoni wara li tiġi ffirmata u wara li tingħata l-kopja lis-sewwieq l-ieħor

ENGLISH VERSION ON NEXT PAGE

Rapport tal-Incident mill-Assigurat

Timtela mill-Assigurat biex tinghata minnufih lill-Assigurazzjoni wara l-Incident (Uža folja oħra fejn ikun meħtieġ)

L-Assigurat

1. Isem	Karta ta' l-Identità/Passaport	Xogħlu		
2. Għamla / Mudell / Tip	CC	F'każ ta' vettura kummerċjali uri carrying capacity	Data ta' l-ewwel registrazzjoni bhala vettura ġidha	Numru tar-registrazzjoni

Il-Vettura Assigurat

3. Inti sid il-karozza?	Iva	Le	Jekk le, aghti isem sidha, u l-indirizz tiegħu
4. L-għan eż-żgħid li għalih kienet qed tintuża l-vettura meta ġara l-Incident			
5. Il-vettura għadha tintuża?	Iva	Le	Jekk le, għid fejn hi issa. Numru tat-telefon
6. Ghandek xi dejn fuq il-karrozza? (Jekk iva, ma' min?)			

Is-Sewwieq jew il-Persuna i-Oħra li għandha fidejha l-Vettura

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

7. Data tat-Twielid	Karta tal-Identità Passaport	Xogħlu	Data li fiha ghaddha mid-Driving test	Kien qed isuq bil-permess tiegħek?	Huwa l-impiegat tiegħek?
				Iva	Le
				Iva	Le

8. Aġħi tagħrif dwar nuqqas ta' vista, smiegh jew diżabbilità oħra.

9. Dettalji shah rigward kundanni dwar sewqan jew prosekuzzjoni pendentni

Data	Reat	Penali

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

Persuni Feruti

hsara lill-Propjeta u lill-Vetturi (minbarra l-Vettura 'A' u 'B' murijs fuq il-parti i-oħra ta'din il-fornola)

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

12. L-Incident għie rapportat lill-Pulizija?

Iva	Le
-----	----

13. Gejt avżat jekk il-pulizija humiex ser jieħdu passi? Jekk iva, kontra min?

Iva	Le
-----	----

Dettalji dwar l-Incident

14. X'temp kien?			
15. Il-velocità tal-vetturi	A	B	
16. Ingħata xi sinjal (horn, indicators, ecc.) mis-sewwieq jew mill-parti l-oħra?			
17. Kien hemm dawl fit-triq?	Iva	Le	
18. Xi dwal kellek fil-vettura tiegħek / fil-vettura l-oħra?			
19. Jekk il-vettura tiegħek hija kummerċjali, kemm kienet tiżen it-taghbija li kellek metta ġara l-Incident?			
20. Kemm kienu qed jingarru passigieri (Minbarra d-driver) fil-vettura metta ġara l-Incident?			
21. Ghid kif għara l-Incident, u aġħi dettalji dwar il-wisħqa tot-torq, u l-ispeed limits ecc.			
22. Fi-opinjoni tiegħek ta' min hija ir-responsabilità?	Tieghi	Tat-Tnejn	No Comment

Dikjarazzjoni

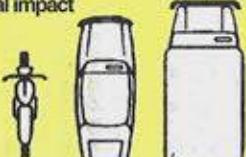
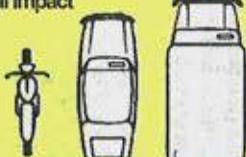
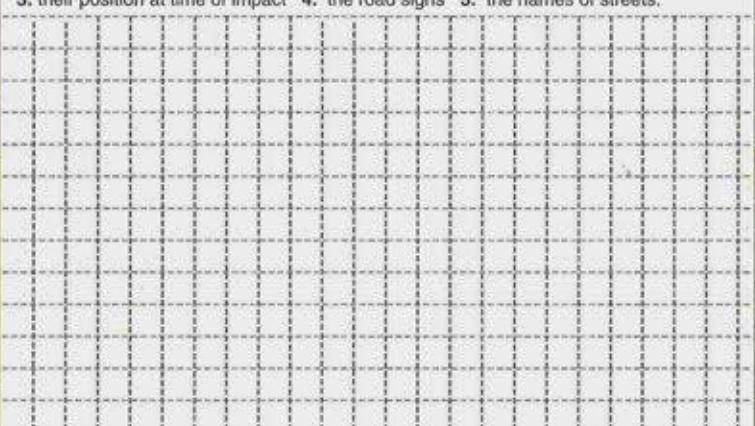
Niddikjara/w li t-tagħrif mogħiġi hawnhekk huwa veru f'kull aspett

Firma tal-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)		
6. vehicle Reg No _____ Make /Type _____		13. circumstances 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"/>		VEHICLE B Reg No _____ Make/type _____
7. owner (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____		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 _____
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 _____
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, 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: <hr/> <hr/> <hr/>				11. visible damage: <hr/> <hr/> <hr/>
12. remarks <hr/> <hr/> <hr/>		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.		12. remarks <hr/> <hr/> <hr/>
15. signatures of drivers		of Vehicle A	of Vehicle B	

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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 <input type="checkbox"/> Yes <input type="checkbox"/> No
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' overleaf)	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 <input type="checkbox"/> Yes <input type="checkbox"/> No			_____		
	13. Was warning or prosecution given? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, against whom? _____		
Accident Details	14. Weather conditions _____					
	15. Speed of vehicles A <input type="checkbox"/> B <input type="checkbox"/>					
	16. What warnings were given by driver or other party? _____					
	17. Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	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 _____					