



RoadAssist

2122 2111\*

\* if shown as applicable in your schedule.

Atlas Insurance PCC Limited is a cell company authorised under the Insurance Business Act 1998 to carry on general insurance business and is regulated by the Malta Financial Services Authority. The non-cellular assets of the company may be used to meet losses incurred by the cell in excess of their assets.

PLMT035/2024.01

# Atlas Front-To-Rear Collision Form

In the case of *front-to-rear* collisions, there is no need to call the Local Wardens or Police

F'każ ta inċident *front-to-rear*, m'hemmx bżonn iċċempel lill-Gwardjani Lokali jew Pulizija



[atlas.com.mt](https://atlas.com.mt)

## 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 with the other driver.

In all other collisions the Local Wardens should be called to the site of the accident (tel: 2132 0202). The police must also be informed in case of injuries or damage to Government property.

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

### At the scene of the accident

- Only one Statement of Facts on a front-to-rear collision is to be used. When the accident involves more than two vehicles, a second form should be used.
- 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 certificate and driving licences for the relevant details.
- Obtain details of all witnesses before they leave in order to complete question 5.
- When you are satisfied with the accuracy of the statement, sign it and have it signed by other driver (15). Keep one copy and hand the other to the other driver.
- Do not forget to:
  - Mark clearly under (10) the point of initial impact.
  - Tick ( ) in each appropriate square on your side (number 1 to 7) in section 13 and insert the total number of boxes marked.
  - Draw a plan of the accident location (14) showing all the information indicated.
- It is advisable to take photographs of the collision, so as to have better proof of the circumstances.

### When you return home

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

### Data and Privacy Protection

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter ‘Atlas’, ‘Us’, ‘Our’, ‘We’) are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about you or relating to you and/or to any other person/s whom you insure with Atlas (hereinafter ‘Others’).

In completing all the forms related to your policies or claims, you confirm your understanding and acceptance of the terms in Atlas’s Data Protection and Privacy Statement. You hereby warrant that you have informed Others why We asked for this information and what We will use it for and have obtained the necessary explicit verbal consent.

Atlas collects and processes information about you and Others for purposes which include carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). Atlas may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose your and Others’ information from/to other entities in order to conduct Our business including:

- managing claims, which may require obtaining data including medical information from healthcare providers (including any public or private hospital or clinic) and/or your employers (for company schemes) and which you hereby authorise;
- administering policies with insurance brokers or other intermediaries appointed by the policyholder;
- helping Us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including the Police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations; and/or
- Our third party suppliers or service providers to whom We outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You have the right to access your personal data and ask Atlas to update or correct the information held or delete such personal data from Our records if it is no longer needed for the purposes indicated above. You may exercise these and other rights held in Atlas’s Data Protection and Privacy Statement, by contacting Our Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 48-50 Ta’ Xbiex Seafront, Ta’ Xbiex XBX 1021 Malta or email [dpo@atlas.com.mt](mailto:dpo@atlas.com.mt) Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If you and Others consider that the processing of personal data by Atlas is not in compliance with data protection laws and regulations, you and Others may lodge a complaint with Us and/or the Office of the Information and Data Protection Commissioner by following this link <https://idpc.org.mt/file-a-complaint/>.

If you wish to view the full Atlas’s Data Protection and Privacy Statement, for a better understanding of how We use this data please visit <https://www.atlas.com.mt/legal/data-protection/>.

## KIF TUŻA L-FORMOLA F’KAŻ TA’ INĊIDENT *FRONT-TO-REAR*

Kull sewwieq li jkun involut f’iċċident *front-to-rear* għandu jimla’ din il-formola, u jaġhti kopja lis-sewwieq l-ieħor.

Fil-każijiet l-oħra kollha, il-Gwardjani Lokali għandhom jiġu msejġha fuq il-post tal-iċċident (tel: 2132 0202). F’każ ta’ korriment jew ħsara lill-propjeta’ tal-Gvern għandek tinforma lill-Pulizija.

Jekk xi sewwieq ma jsegwix dawn l-istruzzjonijiet ikun qed jikser il-liġi.

### Fuq il-post tal-iċċident

- Għandha timtela Dikjarazzjoni dwar Incident tat-Traffiku waħda biss. Meta l-iċċident jinvolvi aktar minn żewġ vetturi għandha tintuża t-tieni formola.
- Id-Dikjarazzjoni dwar Incident tat-Traffiku hija *self-carbonised*. Għalhekk uża *biro* u aghfas sew, biex il-kopja tkun tinqara. L-ewwel sewwieq irid jimla l-parti s-safra jew il-parti il-ħadra tad-Dikjarazzjoni. Is-sewwieq l-ieħor irid jimla l-parti kkulurita l-oħra li tirreferi għat-tieni vettura. Biex tagħmlu dan, ikollkom bżonn tirreferu għaċ-ċertifikati tal-assigurazzjoni u l-liċenzji tas-sewqan.
- Jekk kien hemm xi xhieda li raw l-iċċident, ħudilhom isimhom u l-indirizz tagħhom qabel ma jtitlqu ħalli tkun tista’ timla taqsima 5.
- Meta tħossok sodisfatt bid-Dikjarazzjoni, iffirmaha u ara li tiġi ffirmata mis-sewwieq l-ieħor (taqsima 15). Folja mid-Dikjarazzjoni għandha tinghata lis-sewwieq l-ieħor, filwaqt li inti għandek iżomm il-folja l-oħra.
- Tinsiex:
  - Turi bi preċiżjoni fejn seħħ l-ewwel impatt, permezz ta’ vlegġa fit-taqsima (10).
  - Tagħmel sinjal ( ) f’kull kaxxa li tiddiskrivi kif seħħ l-iċċident (numru 1 sa 7) fit-taqsima (13) u niżżel in-numru totali ta’ kaxxi li mmarkajt.
  - Tpingi pjanta tal-iċċident fit-taqsima (14), u timmarka l-informazzjoni kollha meħtieġa.
- Ikun tajjeb li tieġu ritratti tal-iċċident biex ikollok prova aħjar tal-fatti.

### Meta tirritorna d-dar

- Imla l-parti ta’ wara tal-formola. Din hija l-verżjoni tiegħek tal-fatti li graw, li ser issegwi l-kumpanija tal-assigurazzjoni tiegħek. F’każ ta’ bżonn, tista’ tirrikorri għand l-assigurazzjoni tiegħek biex jgħinuk timla l-parti ta’ wara tal-formola.
- Minnufih informa l-kumpanija tal-assigurazzjoni b’dan l-iċċident u aġħtihom din il-formola li tinkludi (i) d-Dikjarazzjoni ta’ l-iċċident u (ii) ir-rapport personali tiegħek, fuq il-parti ta’ wara.

### Protezzjoni u l-Privatezza tad-Data

Atlas Insurance PCC Limited u/jew is-sussidjarji ta’ Atlas Holdings Limited jew mill-kumpaniji sussidjarji tagħha (hawn taħt imsejġha ‘Atlas’, ‘Aħna’, ‘Tagħna’, ‘Magħna’) hija l-kontrollatur tal-informazzjoni personali tiegħek jew relatata miegħek jew ma kwalunkwe persuna li qed tassigura ma’ Atlas (hawn taħt imsejġha ‘l-Oħrajn’), u dan skond il-liġijiet u regolamenti rilevanti fuq il-Protezzjoni u l-Privatezza tad-Data.

Billi timla l-formoli relatati mal-polza tal-assigurazzjoni jew mal-*claim* tiegħek, inti qed tikkonferma li fhimt u aċċettajt it-termini stipulati fid- Dikjarazzjoni dwar il-Protezzjoni u l-Privatezza tad-Data ta’ Atlas. B’dan tikkonferma wkoll li inti infurmajt lill-Oħrajn bir-raġunijiet li għalihom Aħna tlabna għal din l-informazzjoni u l-għanjiet li għalihom Aħna ser naghmlu użu minnha, kif ukoll li ksibt il-kunsens verbali esplicitu neċessarju.

Atlas tiġbor u tipproċessa informazzjoni fuqek u fuq Oħrajn għal raġunijiet li jinkludu, it-twertieq tal-obbligazzjonijiet kuntrattwali Tagħna li jinkludu l-amministrazzjoni u l-ħlas tal-*claims*, u l-prevenzjoni jew l-iżvelar ta’ kriminalità (li tinkludi frodi). Atlas tista’ wkoll tirrekordja telefonati magħmula lil u minghand konsumaturi għal raġunijiet ta’ taħriġ, kwalità u għal skopijiet regolatorji.

Atlas tista’ wkoll tiġbor u tiżvela informazzjoni tiegħek u ta’ Oħrajn minghand/lil entitajiet oħra sabiex Aħna nkunu nistgħu nikkonduċu n-negozju Tagħna li jinkludi:

- l-amministrazzjoni ta’ *claims*, li jirrikjedu li Aħna niksbu data li tinkludi informazzjoni medika minghand fornituri tal-kura tas-saħħa (li jinkludu kwalunkwe sptar jew klinika tal-gvern u privati) u/jew min iħaddem (għal poloz ta’ grupp);
- l-amministrazzjoni ta’ poloz tal-assigurazzjoni ma’ intermedjarji appuntati mid-detentur tal-polza;
- ll-prevenzjoni jew l-iżvelar ta’ kriminalità permezz ta’ żvelar tal-informazzjoni tiegħek ma’ korpi regolatorji jew pubbliċi Maltin jew, jekk applikabbli, korpi regolatorji jew pubbliċi barranin, li jinkludu l-Kummissarju tal-Pulizija, kif ukoll kumpaniji tal-assigurazzjoni oħrajn (b’mod dirett jew permezz ta’ *database* kondivisa bħal ‘Malta Insurance Fraud Platform’), jew aġenziji oħrajn jew esperti appuntati għall-iskop ta’ ricerki dwar il-kwalità tal-kreditu tiegħek u ricerki u fornituri ta’ servizzi terzi ta’ Atlas marbutin mal-funzjonijiet u attivitajiet li jkunu ġew *outsourced*.

Atlas iżzomm id-data tiegħek u ta’ Oħrajn għall-perjodu neċessarju sabiex jiġu sodisfatti l-iskopijiet surreferiti, sakemm ma jkunx hemm raġuni li teħtieġ perjodu ta’ retenzjoni itwal jew fejn il-liġi tippermetti dan.

Għandek id-dritt li taċċessa d-data personali tiegħek u titlob lil Atlas sabiex jaġġornaw jew jikkoreġu tali informazzjoni jew sabiex iħassru l-istess informazzjoni mir-rekords Tagħna, jekk ma tkunx għadha neċessarja għall-iskopijiet surreferiti. Inti tista’ teżercita dawn id-drittijiet u oħrajn speċifikati fid-Dikjarazzjoni dwar il-Protezzjoni u l-Privatezza tad-Data ta’ Atlas billi tikkuntattja l-Uffiċjal għall-Protezzjoni tad-Data Tagħna fuq ‘The Data Protection Officer, Atlas Insurance PCC Limited, 48-50, Ta’ Xbiex Seafront, Ta’ Xbiex XBX 1021, Malta jew b’email [dpo@atlas.com.mt](mailto:dpo@atlas.com.mt). Madanakollu, ġentilment ninfurmawk li ċerta informazzjoni personali tista’ tkun eżentata mill-imsemmiġja talba għall-aċċess, korrezzjoni jew tħassir, skond il-liġijiet u regolamenti dwar l-protezzjoni ta’ data applikabbli.

Jekk inti jew Oħrajn temmnu li l-ipproċessar tad-data personali tiegħek jew ta’ Oħrajn minn Atlas mhux qed isir skond il-liġijiet u regolamenti dwar il-protezzjoni ta’ data, tistgħu tressqu l-ilmenti tagħkom Magħna jew/u quddiem il-Kummissarju għall- Informazzjoni u l-Protezzjoni tad-Data billi ssegwi dan il-link: <https://idpc.org.mt/file-a-complaint/>.

Jekk tixtieq tara l-verżjoni dettaljata tad-Dikjarazzjoni dwar il-Protezzjoni u l-Privatezza tad-Data ta’ Atlas, sabiex tifhem b’mod aħjar kif Aħna naghmlu użu mid-data tiegħek u ta’ Oħrajn, tista’ tagħmel dan billi issegwi l-link <https://www.atlas.com.mt/legal/data-protection/>.

<b>1. Data u ħin tal-incident</b>	<b>2. Post tal-incident</b>	<b>3. Korra xi ħadd</b> <small>(anke haġf)</small> IVA <input type="checkbox"/> LE <input type="checkbox"/>
<b>4. Hsarat materjali</b> <input type="checkbox"/> IVA <input type="checkbox"/> <small>apparti l-hsara fil-vettura A jew B, hemm xi hsara oħra?</small> <input type="checkbox"/> LE <input type="checkbox"/>	<b>5. Xhieda</b> ismijiet, indirizzi, numri tat-telefon/mobile u ID (Uri jekk ix-xhud kienu passiġġier, fil-każ f'liema vettura)	
<b>6. Vettura</b> <span style="float:right">VETTURA A</span> Reg _____ Għamla /tip _____	<b>13. Ċirkostanzi</b> Aghmel sinjal (✓) f'kull kaxxa relevanti biex tispjega l-pjanta ta' l-incident (14)	<b>6. Vettura</b> <span style="float:right">VETTURA B</span> Reg _____ Għamla /tip _____
<b>7. Sid il-vettura</b> <small>(ara ċ-ċertifikat tal-insurance jew logbook)</small> Isem u Kunjom _____ ID Nru. _____ Indirizz _____ Telefon/Mobile _____ E-mail _____	<input type="checkbox"/> 1. hbutt mal-parti ta' wara tal-vettura l-oħra <input type="checkbox"/> 1. <input type="checkbox"/> 2. waqt li kont miexi fl-istess direzzjoni <input type="checkbox"/> 2. <input type="checkbox"/> 3. waqt li kont miexi fl-istess lane <input type="checkbox"/> 3. <input type="checkbox"/> 4. waqt li kont miexi f'lane oħra <input type="checkbox"/> 4. <input type="checkbox"/> 5. waqt li kont qed naqleb minn lane għal oħra <input type="checkbox"/> 5. <input type="checkbox"/> 6. waqt li kont qed naqla' vettura oħra <input type="checkbox"/> 6. <input type="checkbox"/> 7. hbutt mal-quddiem tal-vettura l-oħra waqt li kont qed nirriversja <input type="checkbox"/> 7. <input type="checkbox"/> numru totali ta' kaxxa li mmarkajt <input type="checkbox"/>	<b>7. Sid il-vettura</b> <small>(ara ċ-ċertifikat tal-insurance jew logbook)</small> Isem u Kunjom _____ ID Nru. _____ Indirizz _____ Telefon/Mobile _____ E-mail _____
<b>8. Sewwieq</b> <small>(ara l-liċenzja tas-sewqan)</small> Isem u Kunjom _____ ID Nru. _____ Indirizz _____ Telefon/Mobile _____ E-mail _____ Nru tal-Liċenzja tas-sewqan _____ Grupp _____ Valida sa _____	Jekk xi pjanta minn dawn ta' hawn taht tiddiskrivi l-incident immarkaha (✓) u zid l-ismijiet tat-toroq u s-sinjali tat-traffiku 	<b>8. Sewwieq</b> <small>(ara l-liċenzja tas-sewqan)</small> Isem u Kunjom _____ ID Nru. _____ Indirizz _____ Telefon/Mobile _____ E-mail _____ Nru tal-Liċenzja tas-sewqan _____ Grupp _____ Valida sa _____
<b>9. Kumpanija tal-Assigurazzjoni</b> <small>(ara ċ-ċertifikat)</small> Isem _____ Numru tal-Polza _____ Valida sa _____	<b>9. Kumpanija tal-Assigurazzjoni</b> <small>(ara ċ-ċertifikat)</small> Isem _____ Numru tal-Polza _____ Valida sa _____	
<b>10. Uri bi vlegġa fejn sehħ l-ewwel impatt</b> 	<b>14. Pjanta tal-incident</b> 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 gray; height: 150px; width: 100%;"></div>	<b>10. Uri bi vlegġa fejn sehħ l-ewwel impatt</b> 
<b>11. Hsarat li jidhru</b> _____ _____ _____	<b>11. Hsarat li jidhru</b> _____ _____ _____	
<b>12. Trid iżżid xi haġa oħra?</b> _____ _____ _____	<b>12. Trid iżżid xi haġa oħra?</b> _____ _____ _____	
F'ismi u f'isem ix-xhieda msemmija hawnhekk, naqbel li din l-informazzjoni tkun tista' tiġi pprocessata mill-Kumpaniji tal-Assigurazzjoni u mill-Malta Insurance Association għall-iskopijiet kollha msemmija f'din il-formola, u nikkonferma li avżajt b'dan li-xhieda.		
<b>15. Firma tas-sewwieq</b>	Tal-Vettura A _____	Tal-Vettura B _____

# Rapport tal-Inċident mill-Assigurat

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

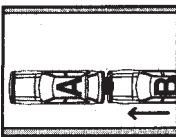
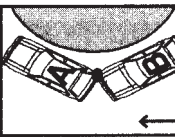
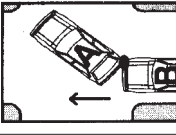
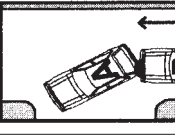
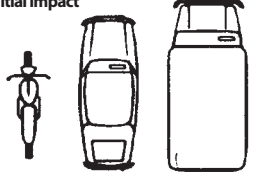
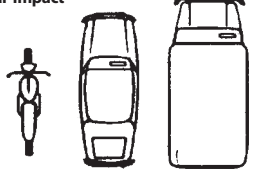
(Uża folja oħra fejn ikun meħtieġ)

<b>L-Assigurat</b>	1. Isem _____ Karta ta' l-identità/Passaport _____ Xoghlu _____				
<b>Il-Vettura Assigurata</b>	2. Għamla / Mudell / Tip	CC	F'każ ta' vettura kummerċjali uri <i>carrying capacity</i>	Data ta' l-ewwel reġistrazzjoni bhala vettura ġdida	Numru tar-reġistrazzjoni
	3. Inti sid il-karrozza? <input type="checkbox"/> Iva <input type="checkbox"/> Le <input type="checkbox"/> Jekk le, agħti isem sidha, u l-indirizz tiegħu _____				
	4. L-għan eżatt li għalih kienet qed tintuża l-vettura meta ġara l-Inċident _____				
	5. Il-vettura għadha tintuża? <input type="checkbox"/> Iva <input type="checkbox"/> Le <input type="checkbox"/> Jekk le, għid fejn hi issa. Numru tat-telefon _____				
	6. Għandek xi dejn fuq il-karrozza? (Jekk iva, ma' min?) _____				
<b>Is-Sewwieq jew il-Persuna l-oħra li għandha f'idejha l-Vettura</b>	7. Data tat-Twelid	Karta tal-Identità Passaport	Xoghlu	Data li fiha għadda mid-Driving test	Kien qed isuq bil-permess tiegħek? <input type="checkbox"/> Iva <input type="checkbox"/> Le <input type="checkbox"/>
	8. Agħti tagħrif dwar nuqqas ta' vista, smiegh jew diżabbiltà oħra. _____				
	9. Dettalji shaħ rigward kundanni dwar sewqan jew prosekuzzjoni pendenti				
(Jekk huwa l-Assigurat innifsu, imla din il-parti fejn meħtieġ)		Data	Reat	Penali	
<b>Persuni Feruti</b>	10. Isem, indirizz u età		Korrimenti li sofrew	Jekk passigieri f'xi vettura għid liema?	Kien qd jintużaw seat belts jew crash helmets?
<b>Hsara lill-Propjeta u lill-Vetturi</b> <small>(minbarra l-Vettura 'A' u 'B' murija fuq il-parti l-oħra ta' din il-formola)</small>	11. Isem u l-indirizz tas-sidien		Dettalji tal-vettura jew propjeta	Tip ta' hsara	Isem u l-indirizz tal-Assigurazzjoni
<b>Azzjoni mill-Pulizija</b>	12. L-inċident ġie rraportat lill-Pulizija? Jekk iva, agħti r-rank u isem il-pulizija u n-numru tiegħu <input type="checkbox"/> Iva <input type="checkbox"/> Le <input type="checkbox"/>				
	13. Ġejt avżat jekk il-pulizija humiex ser jieħdu passi? Jekk iva, kontra min? <input type="checkbox"/> Iva <input type="checkbox"/> Le <input type="checkbox"/>				
<b>Dettalji dwar l-inċident</b>	14. X'temp kien? _____				
	15. Il-velocità tal-vetturi <input type="text"/> A <input type="text"/> B <input type="text"/>				
	16. Inghata xi sinjal ( <i>horn, indicators, ecc.</i> ) mis-sewwieq jew mill-parti l-oħra? _____				
	17. Kien hemm dawl fit-triq? <input type="checkbox"/> 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 tizen it-tagħbija li kellek meta ġara l-inċident? _____				
	20. Kemm kienu qed jinġarru passigieri (Minbarra <i>d-driver</i> ) fil-vettura meta ġara l-inċident? _____				
	21. Għid kif ġara l-inċident, u agħti dettalji dwar il-wisgħa tat-toroq, u l- <i>speed limits ecc.</i> _____				
	22. Fl-opinjoni tiegħek ta' min hija ir-responsabbiltà? Tiegħi <input type="checkbox"/> Tat-Tnejn <input type="checkbox"/> No Comment <input type="checkbox"/>				
<b>Dikjarazzjoni</b>	Niddikjara/w li t-tagħrif mogħti 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 processing of claims.

MUST BE SIGNED BY BOTH DRIVERS

<b>1. Date and Time of Accident</b>	<b>2. Exact Location of Accident</b>	<b>3. Injuries</b> (even if slight) YES <input type="checkbox"/> NO <input type="checkbox"/>
<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, telephone/mobile numbers and ID (indicate if passenger, and, if so, in which vehicle)	
<b>6. Vehicle</b> VEHICLE A Reg Plate _____  Make/Type _____	<b>13. Circumstances</b> Tick (✓) each of the relevant boxes to explain the plan of the accident (14)	<b>6. Vehicle</b> VEHICLE B Reg Plate _____  Make /Type _____
<b>7. Owner</b> (see insurance certificate or logbook) Name & Surname _____ ID No. _____ Address _____ Telephone/Mobile _____ E-mail _____	<input type="checkbox"/> 1. striking the rear of the other vehicle <input type="checkbox"/> 2. whilst going in the same direction <input type="checkbox"/> 3. whilst travelling in the same lane <input type="checkbox"/> 4. whilst travelling in a different lane altogether <input type="checkbox"/> 5. whilst changing lanes <input type="checkbox"/> 6. whilst overtaking <input type="checkbox"/> 7. striking the front of the other vehicle whilst reversing <input type="checkbox"/> state total number of ticked boxes <input type="checkbox"/>	<b>7. Owner</b> (see insurance certificate or logbook) Name & Surname _____ ID No. _____ Address _____ Telephone/Mobile _____ E-mail _____
<b>8. Driver</b> (see driving licence) Name & Surname _____ ID No. _____ Address _____ Telephone/Mobile _____ E-mail _____ Driving Licence Number _____ Group _____ Valid up 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.	<b>8. Driver</b> (see driving licence) Name & Surname _____ ID No. _____ Address _____ Telephone/Mobile _____ E-mail _____ Driving licence number _____ Group _____ Valid up to _____
<b>9. Insurance Company</b> (see insurance certificate) Name _____ Policy Number _____ Valid up to _____	<div style="display: flex; flex-wrap: wrap;">     </div>	<b>9. Insurance Company</b> (see insurance certificate) Name _____ Policy Number _____ Valid up 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, B 3. their position at time of impact 4. the road signs 5. the names of streets.	<b>10. Show with an arrow the point of initial impact</b> 
<b>11. Visible Damage</b> _____ _____ _____	<div style="border: 1px dashed gray; height: 150px; width: 100%;"></div>	<b>11. Visible Damage</b> _____ _____ _____
<b>12. Remarks</b> _____ _____ _____	<p>On behalf of myself and any witnesses specified in this form, I consent to the processing of our personal data by the Insurance Companies 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.</p>	<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: No:- _____						
	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 No.	Occupation	Date Driving test passed	Was he driving with your permission	
			(even if slight)				
			YES	NO	NO		
			Yes	No	Yes		
			No	No	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		
<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?      Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes give station and P.C.'s name and number _____			
	13. Was warning or prosecution given?      Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, against whom? _____			
<b>Accident Details</b>	14. Weather conditions _____						
	15. Speed of vehicles		A	B			
	16. What warnings were given by driver or other party? _____						
	17. Were street lights illuminated?			Yes	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"/>							
<b>Declaration</b>	I/We declare the foregoing particulars are true in every respect Insured's Signature _____ Date _____						