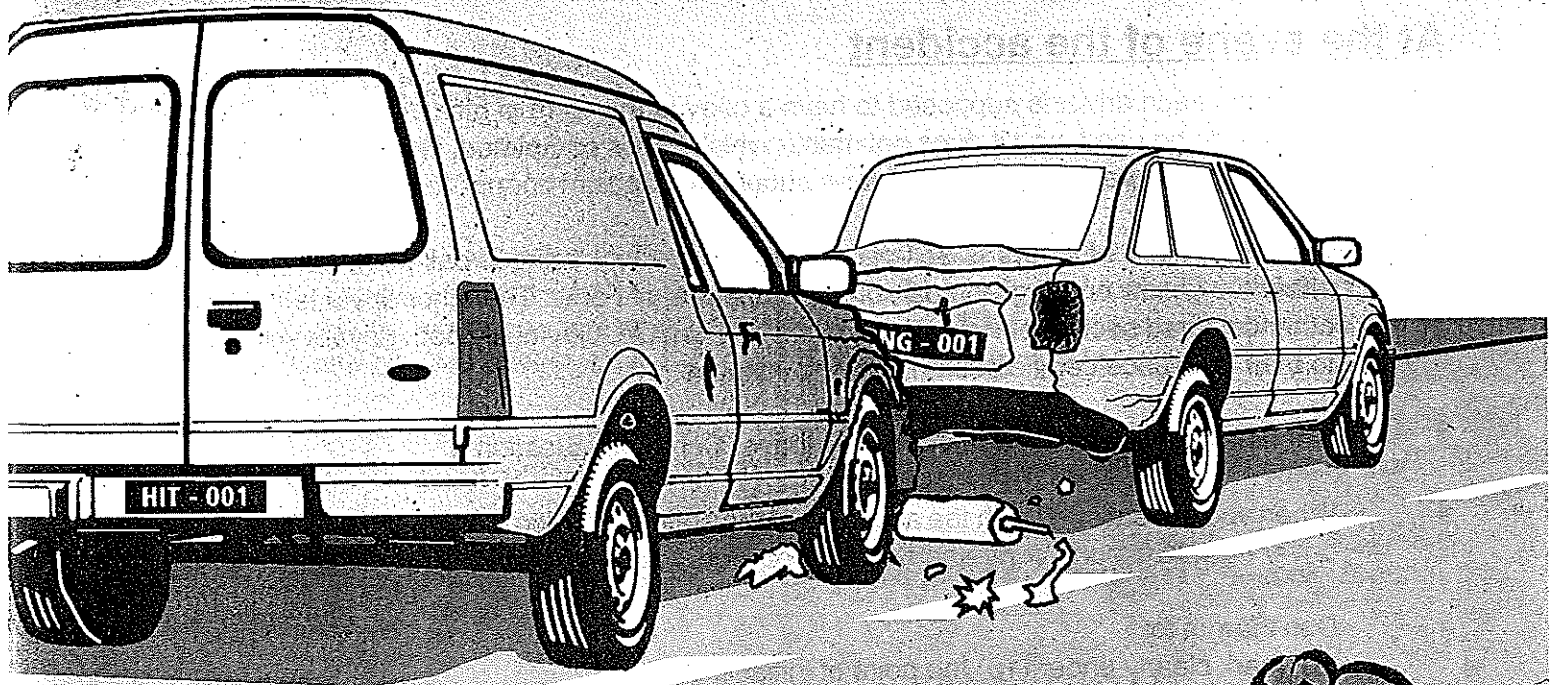


INCIDENT TAT-TRAFFIKU

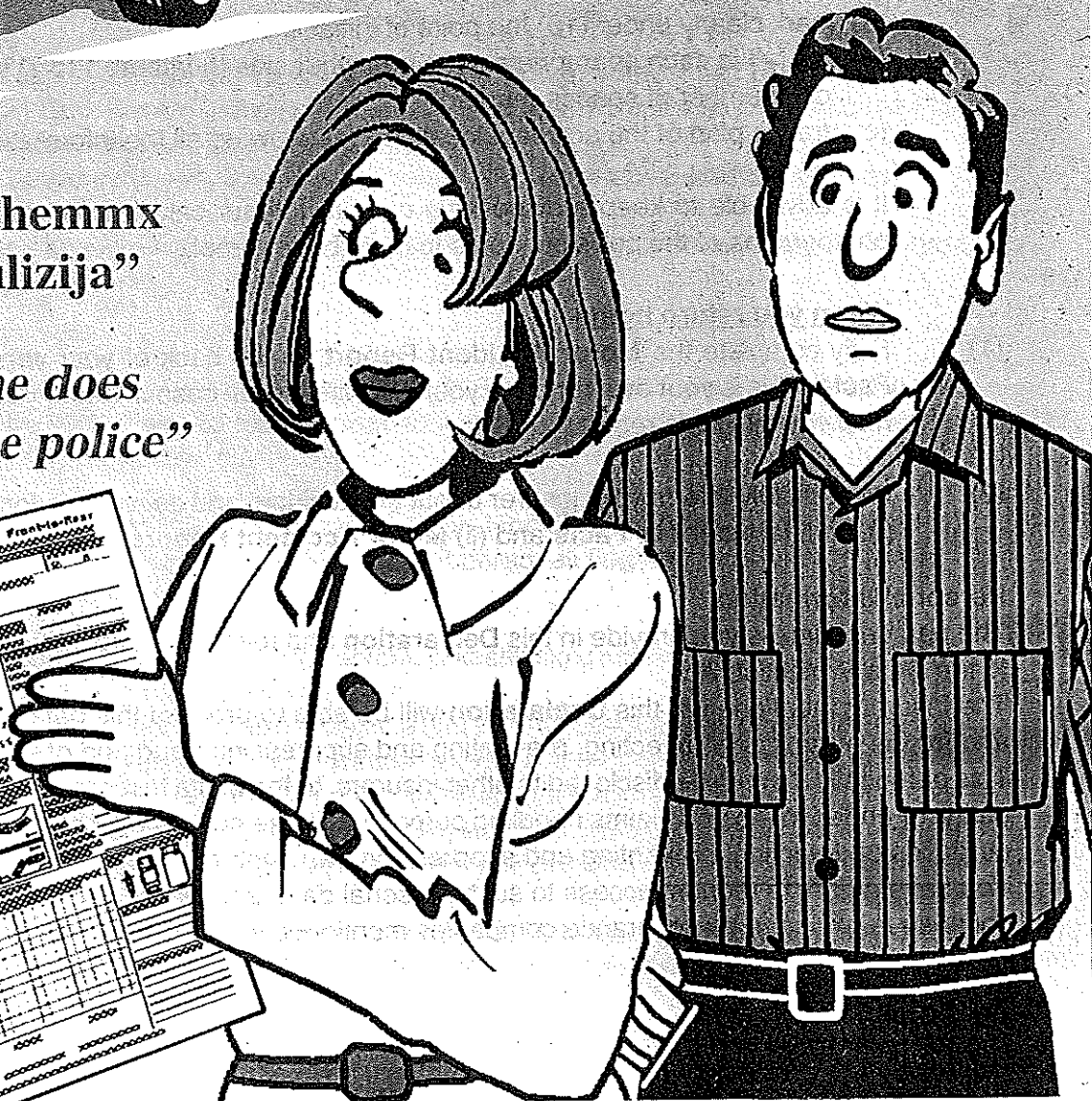
# FRONT - TO - REAR

COLLISION



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

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

A woman with short dark hair, wearing a light-colored button-down shirt, is holding a large, detailed police report form. The form is titled 'Dipartizzjoni dmat Incidenti ta' Traffiku - Front-to-rear' and contains various fields for recording accident details, including vehicle information, driver details, and a section for witness statements. The form is partially filled out with text and symbols.

## 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 jaġġtuha lil xulxin.

Il-Gwardjani Lokali (Tel 21 32 02 02) għandhom jiġu msejtna fil-każijiet l-oħra kollha. Għandek tinforma lil-Gwardjani Lokali f'każ ta' korriment jew hsara lill-proprjetà tal-Gvern sabiex isefju 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 imiħna, uza formola waħda (2 formoif fejn jahbitu 3 vetturi eċċ). F'it jimporta min jiproduċiha.
- 2 Id-Dikjarazzjoni fuq il-faccata hija diġa' self-carbonised. Għalhekk uza biro u aghfas sew, biex il-kopja tkun tinqara. L-ewwel sewwieq irid jimla l-parti s-safra jew il-parti l-ħadra tad-Dikjarazzjoni. Is-sewwieq l-oħor irid jimla l-parti kkulurita l-oħra li tirreferi għat-teni vettura. Biex tagħmlu dan, ikollkom b'żonn tirreferu għac-certifikati 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 utiil hafna f'każ ta' diffikultà mas-sewwieq l-oħor.
- 4 Meta thossok sodisfatt bid-Dikjarazzjoni, iffirmaha u ara li tiġi ffirmata mis-sewwieq l-oħor (taqsima 15). Folja mid-dikjarazzjoni għandha tinghata lis-sewwieq l-oħor, filwaqt li inti għandek iżomm il-folja l-oħra.
- 5 Tinslex:
  - (a) turi bi preżizzjoni fejn seħh l-ewwel impatt, permezz ta' vliġġa fit-taqsima (10).
  - (b) tagħmel sinjal (✓) f'kull kaxxa li tiddiskrivi kif seħh l-incident (numru 1 sa 7) fit-taqsima (13) u turi li-ahhar n-numru totali ta' kaxxi li mmarrakajt.
  - (c) tpingi pjanta ta' l-incident fit-taqsima (14), u timmarka l-informazzjoni kollha meħtieġa.
- 6 Ikun tajjeb li iżomm camera disposable fil-karozza. B'hekk tkun tista' tiehu ritratti tal-incident biex ikollok prova ahjar tal-fatti.

### Meta tirritorna d-dar

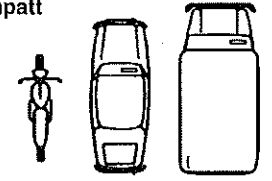
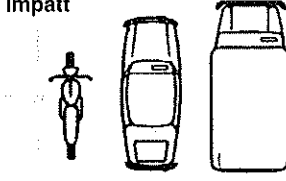
- (1) Imla l-parti ta' wara tal-formola (ir-rapport tiegħek) u aghthi l-informazzjoni meħtieġa lill-kumpanija ta' l-assigurazzjoni tiegħek. F'każ ta' b'żonn, tista tirrikorri għand l-assigurazzjoni tiegħek biex iġġinuk timla l-parti ta' wara tal-formola.
- (2) Minnufih informa l-kumpanija ta' l-assigurazzjoni 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-dettalji li timla fid-Dikjarazzjoni u fir-rapport tiegħek, jistgħu jiġġkstitwixxu informazzjoni personali għall-iskopjiet tal-Att Dwar il-Protezzjoni u l-Privattezza tad-Data.  
Il-Kumpaniji tal-assigurazzjoni msemmija fid-Dikjarazzjoni jkunu jistgħu jipproċessaw din l-informazzjoni sabiex iwiegħu għall-claims, kif ukoll sabiex jiskopru, jevitaw u jrazznu frodi u biex iżom l-istatistika.  
Din l-informazzjoni personali tista' wkoll tinghata lill-kumpaniji tal-assigurazzjoni oħra jew lill-Malta Insurance Association jew entità oħra għal skopjiet ta' underwriting jew biex jitwiegħu claims. Dawn l-istess persuni jkunu jistgħu jinqdew ukoll b'din l-informazzjoni sabiex jiskopru, jevitaw u jrazznu frodi u biex iżommu l-istatistika.  
Inti tista' titlob bil-miktub lill-kumpaniji tal-assigurazzjoni msemmija fid-Dikjarazzjoni biex iġġhaddulek l-informazzjoni li jipproċessaw dwarek, u fejn ikun il-każ tista' titlob li jiġġkoregu kwalunkwe fatt żbaljat.

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

Din id-dikjarazzjoni ma titqiesx ammissjoni ta' responsabilita', izda tikkonstitwixxi taghrif dwar il-persuni involuti u l-fatti sabiex il-claim ikun jista' jiġi mgharbel malajr  
TRID TIĠI IFFIRMATA MIŻ-ŻEWĠ SEWWIEQA

<b>1. data u hin ta' l-Incident</b>		<b>2. post ta' l-Incident</b>		<b>3. korra xi hadd</b> (anke hafi) IVA <input type="checkbox"/> LE <input type="checkbox"/>	
<b>4. Hsarat materjali:</b> apparti l-hsara fil-vettura A jew B, hemm xi hsara ohra? IVA <input type="checkbox"/> LE <input type="checkbox"/>		<b>5. xhieda:</b> ismijiet, indirizzi u numri tat-telefon (indika min mix-xhieda kien passigier fil-vettura A jew B)			
<b>6. vettura VETTURA A</b> Reg No _____ Ghamla /tip _____		<b>13. ċirkostanzi</b> Aghmel sinjal (✓) f'kull kaxxa relevanti biex tispjega l-pjanta ta' l-incident (14) <input type="checkbox"/> 1. hbutt mal-parti ta' wara tal-vettura l-ohra <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 ohra <input type="checkbox"/> 5. waqt li kont qed naqleb minn lane għall-ohra <input type="checkbox"/> 6. waqt li kont qed naqja' vettura ohra <input type="checkbox"/> 7. hbutt mal-quddiem tal-vettura l-ohra waqt li kont qed nirriversja <input type="checkbox"/> numru totali ta' kaxxa li mmarkajt _____		<b>6. vettura VETTURA B</b> Reg No _____ Ghamla /tip _____	
<b>7. sid il-vettura</b> (ara ċ-certifikat ta' l-insurance jew logbook) Isem _____ Kunjom _____ Indirizz _____ Telefon _____		<b>7. sid il-vettura</b> (ara ċ-certifikat ta' l-insurance jew logbook) Isem _____ Kunjom _____ Indirizz _____ Telefon _____		<b>8. sewwieq</b> (ara l-liċenzja tas-sewqan) Isem _____ Kunjom _____ Indirizz _____ Telefon _____ Nru tal-Liċenzja tas-sewqan _____ Grupp _____ Valida minn _____ sa _____	
<b>8. sewwieq</b> (ara l-liċenzja tas-sewqan) Isem _____ Kunjom _____ Indirizz _____ Telefon _____ Nru tal-Liċenzja tas-sewqan _____ Grupp _____ Valida minn _____ sa _____		<b>9. kumpanija ta' l-assikurazzjoni</b> (ara ċ-certifikat) Isem _____ Agent/Broker _____ Numru tal-Polza _____ Numru taċ-certifikat ta' l-insurance _____		<b>9. kumpanija ta' l-assikurazzjoni</b> (ara ċ-certifikat) Isem _____ Agent/Broker _____ Numru tal-Polza _____ Numru taċ-certifikat ta' l-insurance _____	
<b>10. uri bi vlegġa fejn sehħ l-ewwel impatt</b> 		<b>14. pjanta ta' l-incident</b> Uri 1. it-tqasim tal-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 tal-toroq		<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 ohra?</b> _____ _____ _____	
<b>12. trid iżżid xi haġa ohra?</b> _____ _____ _____		<b>15. firma tas-sewwieqa:</b> Tal-Vettura A _____ Tal-Vettura B _____		<b>12. trid iżżid xi haġa ohra?</b> _____ _____ _____	

# Rapport ta' l-Inċident mill-Assigurat

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

(Uża folja oħra fejn ikun meħtieġ)

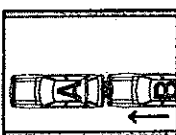
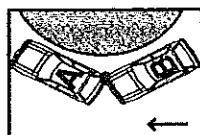
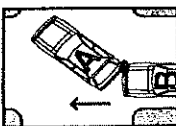
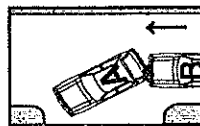
L-Assigurat	1 Isem _____		Karta ta' l-identita/Passaport _____		Xogħlu _____	
Il-Vettura Assigurata	2	Għamla/Mudell/Tip	CC	F'każ ta vettura kummerċjali uri <i>carrying capacity</i>	Data ta' l-ewwel reġistrazzjoni bħala vettura ġdida	Numru tar-reġistrazzjoni
	3	Inti sid il-karrozza?		Iva <input type="checkbox"/>	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?		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?)				
	7	Data tat-Twelid	Karta ta' l-Identita Passaport	Xogħlu	Data li fiha għadda mid- Driving test	Kien qed isuq bil-permess tiegħek?
Is-Sewwieq jew il-Persuna l-oħra li għandha f'idejha l-Vettura  (Jekk huwa l-Assigurat innifsu, imla din il-parti fejn meħtieġ)	8		Agħti tagħrif dwar nuqqas ta' vista, smiegh jew diżabbilità oħra.			
	9 Dettalji shah rigward kundanni dwar sewqan jew prosekuzzjoni pendenti					
	Data	Reat			Penali	
Persuni Feruti	10 Isem, indirizz u età			Korrimenti li sofrew	Jekk passiġieri f'xi vettura għid liema?	Kienet qed jintużaw seat belts jew crash helmets?
	11 Isem u l-indirizz tas-sidien			Dettalji tal-vettura jew propjeta	Tip ta' hsara	Isem u l-indirizz ta' l-Assigurazzjoni
	Hsara lill-Propjeta u lill-Vetturi (minbarra l-Vettura 'A' u 'B' murija fuq il-parti l-oħra ta' din il-formola)					
Azzjoni mill-Pulizija	12 L-inċident ġie rraportat lill-Pulizija?		Jekk iva, agħti r-rank u isem il-pulizija u n-numru tiegħu.			
	Iva <input type="checkbox"/>	Le <input type="checkbox"/>				
13 Ġejt avżat jekk il-pulizija humiex ser jiehdu passi?		Jekk iva, kontra min?				
Iva <input type="checkbox"/>	Le <input type="checkbox"/>					
Dettalji dwar l-Inċident	14 X' temp kien? _____					
	15 Il-veloċità tal-vetturi	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?	Iva <input type="checkbox"/>	Le <input type="checkbox"/>			
	18 Xi dawl kellek fil-vettura tiegħek / fil-vettura l-oħra? _____					
	19 Jekk il-vettura tiegħek hija kummerċjali, kemm kienet tiżen it-tagħbija li kellek meta ġara l-inċident? _____					
	20 Kemm kienu qed jingarru passiġieri (Minbarra <i>d-driver</i> ) fil-vettura meta ġara l-inċident? _____					
	21 Għid kif ġara l-inċident, u agħti dettalji dwar il-wisgha tat-toroq, u l- <i>speed limits ecc.</i> _____					
	22 Fl-opinjoni tiegħek ta' min hija ir-responsabbilta? Tiegħi <input type="checkbox"/> Tat-Tnejn <input type="checkbox"/> No Comment <input type="checkbox"/>					
	Dikjarazzjoni	Niddikjara/w li t-tagħrif mogħti hawnhekk huwa veru f' kull aspett.				

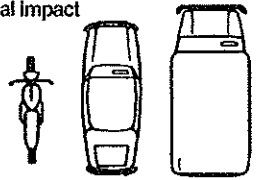
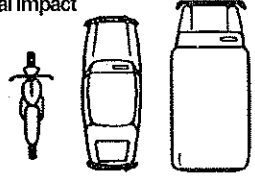
# Statement of Facts on a Front-to-Rear Collision

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 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 and telephone numbers (to be underlined if passengers in vehicles A or B)
--	---

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) <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>6. vehicle</b> Reg No _____ Make/type _____
<b>7. owner</b> (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____	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>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 _____	<div style="display: flex; justify-content: space-around;">   </div> <div style="display: flex; justify-content: space-around;">   </div>	<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	10. show with an arrow the point of initial impact
	<p>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.</p> <div style="border: 1px dashed black; height: 150px; width: 100%;"></div>	
<b>11. visible damage:</b> _____ _____ _____		<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 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.</p>	<b>12. remarks</b> _____ _____ _____
	<p><b>15. signatures of drivers</b>                      of Vehicle A                      of Vehicle B</p>	

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)

<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)						
	7 Date of Birth _____ Identity Card/Passport No. _____ Occupation _____ Date Driving test passed _____ Was he driving with your permission Yes <input type="checkbox"/> No <input type="checkbox"/> Was he your employee? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Driver or Person in charge of Vehicle</b> <small>(If the Insured complete this section as appropriate)</small>	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> <small>(other than vehicles 'A' &amp; 'B' overleaf)</small>	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 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"/>						

**Declaration** I/We declare the foregoing particulars are true in every respect