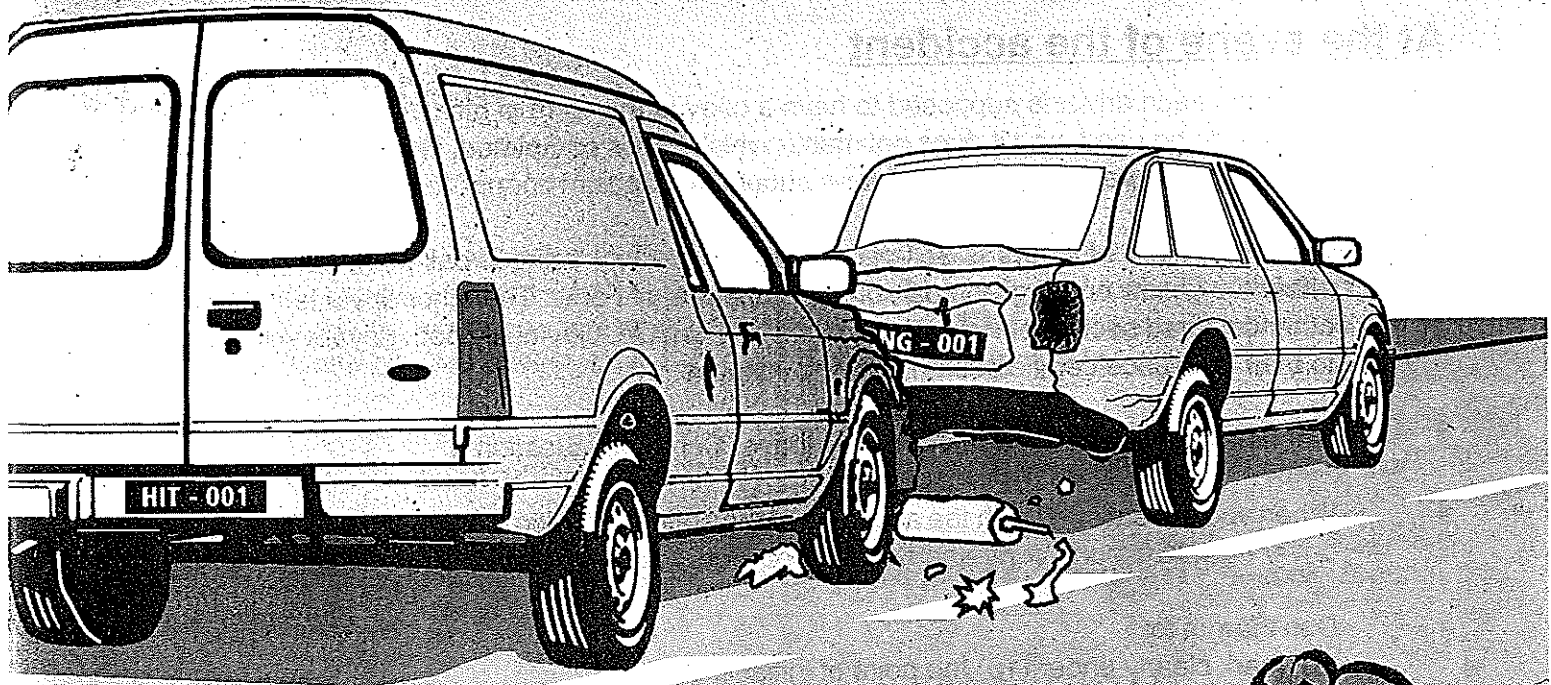


INCIDENT TAT-TRAFFIKU

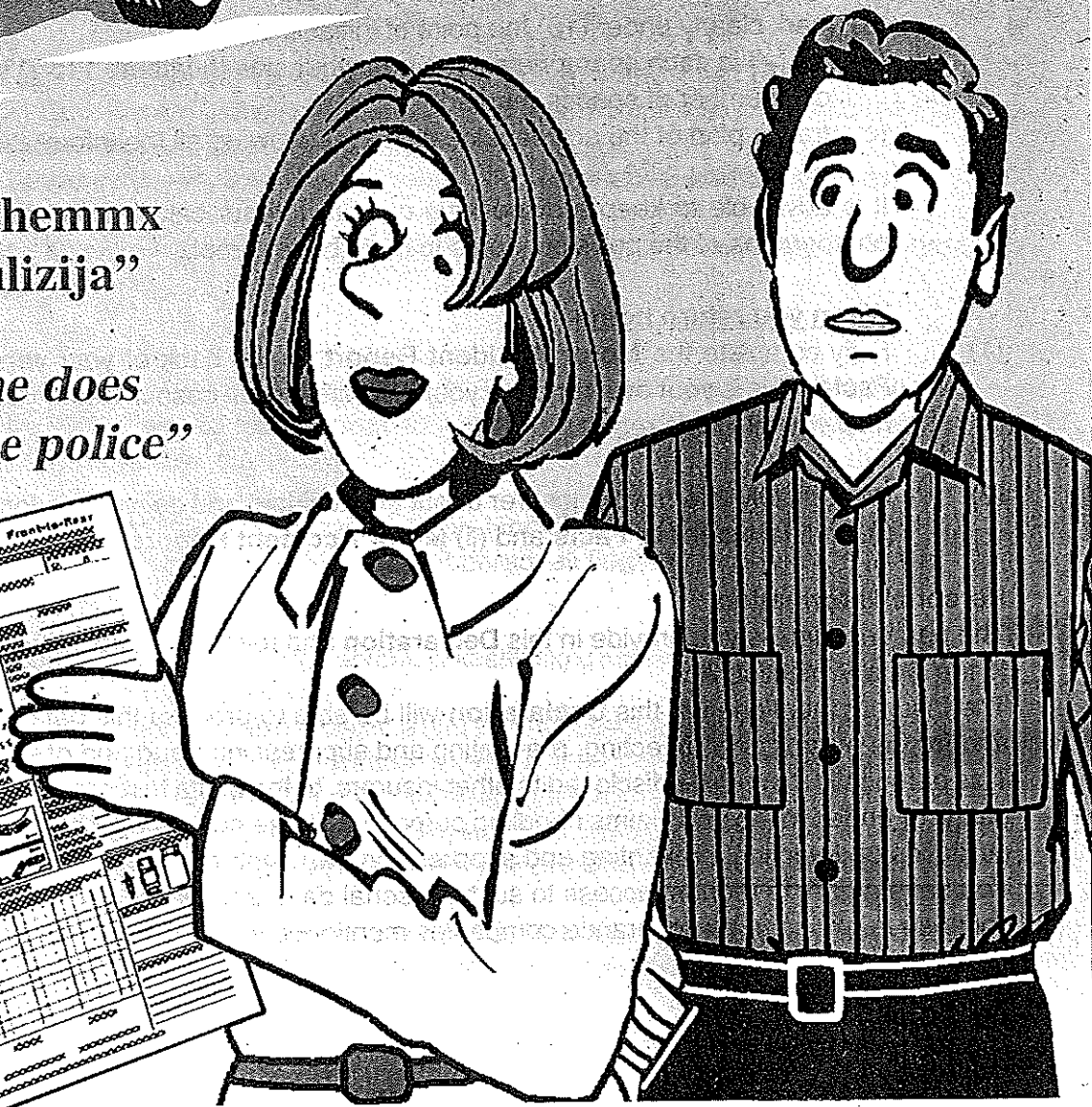
FRONT - TO - REAR

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 dmar 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 illegible text.

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 formoiġ 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-oħra 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 jitolqu (taqsima 5). Din l-informazzjoni tista tkun utiġi hafna f'każ ta' diffikultà mas-sewwieq l-oħor.
- 4 Meta thossok sodisfatti bid-Dikjarazzjoni, iffirmaha u ara li tiġi iffirmata 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 fl-aħhar n-numru totali ta' kaxxi li mmarkajt.
 - (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 aħjar tal-fatti.

Meta tirritorna d-dar

- (1) l-impjanta l-parti ta' wara tal-formola (ir-rapport tiegħek) u aġġti 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 aġġtihom 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 jiġġkorregu kwalunkwe fatt żbaljat.

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 _____	Xoghlu _____			
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?	<input type="checkbox"/> Iva <input type="checkbox"/>	<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"/>	<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?) _____					
	Is-Sewwieq jew il-Persuna l-oħra li għandha f'idejha l-Vettura (Jekk huwa l-Assigurat innifsu, imla din il-parti fejn meħtieġ)	7 Data tat-Twelid _____	Karta ta' l-Identita 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 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? _____	
	_____		_____	_____	_____	
	_____		_____	_____	_____	
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 rraportat lill-Pulizija?		Jekk iva, agħti r-rank u isem il-pulizija u n-numru tiegħu.			
	<input type="checkbox"/> Iva <input type="checkbox"/>	<input type="checkbox"/> Le <input type="checkbox"/>	_____			
13 Ġejt avżat jekk il-pulizija humiex ser jiehdu passi?		Jekk iva, kontra min? _____				
<input type="checkbox"/> Iva <input type="checkbox"/>	<input type="checkbox"/> Le <input type="checkbox"/>	_____				
Dettalji dwar l-Inċident	14 X' temp kienet? _____					
	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?	<input type="checkbox"/> Iva <input type="checkbox"/>	<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> _____					

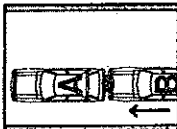
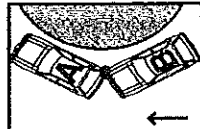
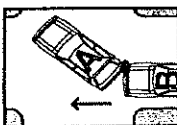
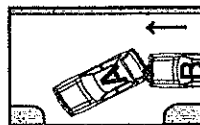
22 Fl-opinjoni tiegħek ta' min hija ir-responsabbilta?						
Tiegħi <input type="text"/>		Tat-Tnejn <input type="text"/>		No Comment <input type="text"/>		
Dikjarazzjoni Niddikjara/w li t-tagħrif mogħti hawnhekk huwa veru f' kull aspett.						

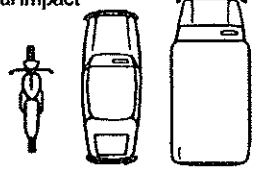

Statement of Facts on a Front-to-Rear Collision

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

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 VEHICLE A Reg No _____ Make /Type _____ <hr/> 7. owner (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____ <hr/> 8. driver (see driving licence) Name _____ Surname _____ Address _____ Telephone _____ Driving licence number _____ Group _____ Valid from _____ to _____ <hr/> 9. insurance company (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate insurance number _____	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"/> 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. <div style="display: flex; justify-content: space-around;">   </div> <div style="display: flex; justify-content: space-around;">   </div>	6. vehicle VEHICLE B Reg No _____ Make/type _____ <hr/> 7. owner (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____ <hr/> 8. driver (see driving licence) Name _____ Surname _____ Address _____ Telephone _____ Driving licence number _____ Group _____ Valid from _____ to _____ <hr/> 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. <div style="border: 1px dashed black; height: 150px; width: 100%;"></div>	10. show with an arrow the point of initial impact 
11. visible damage: _____ _____ _____	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)					
	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"/>					
Driver or Person in charge of Vehicle (If the Insured complete this section as appropriate)	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			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Accident Details	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