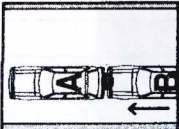
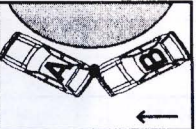
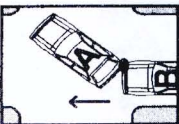
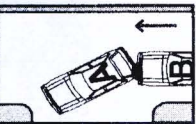


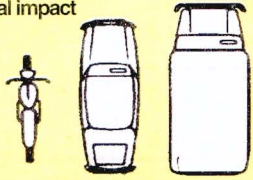
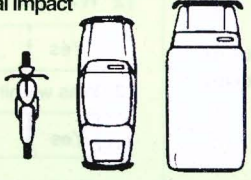
Statement of Facts on a Front-to-Rear Collision

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) |
|---|---|

| | | |
|---|--|--|
| <p style="text-align: center;">VEHICLE A</p> <p>6. vehicle Reg No _____ Make /Type _____</p> <p>7. owner (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____</p> <p>8. driver (see driving licence) Name _____ Surname _____ Address _____ Telephone _____ Driving licence number _____ Group _____ Valid from _____ to _____</p> <p>9. insurance company (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate insurance number _____</p> | <p style="text-align: center;">13. circumstances</p> <p>Tick (✓) each of the relevant boxes to explain the plan of the accident (14)</p> <p><input type="checkbox"/> 1. striking the rear of the other vehicle 1. <input type="checkbox"/></p> <p><input type="checkbox"/> 2. whilst going in the same direction 2. <input type="checkbox"/></p> <p><input type="checkbox"/> 3. whilst travelling in the same lane 3. <input type="checkbox"/></p> <p><input type="checkbox"/> 4. whilst travelling in a different lane altogether 4. <input type="checkbox"/></p> <p><input type="checkbox"/> 5. whilst changing lanes 5. <input type="checkbox"/></p> <p><input type="checkbox"/> 6. whilst overtaking 6. <input type="checkbox"/></p> <p><input type="checkbox"/> 7. striking the front of the other vehicle whilst reversing 7. <input type="checkbox"/></p> <p><input type="checkbox"/> state total number of ticked boxes <input type="checkbox"/></p> <p>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.</p> <div style="display: flex; justify-content: space-around;">   </div> <div style="display: flex; justify-content: space-around;">   </div> | <p style="text-align: center;">VEHICLE B</p> <p>6. vehicle Reg No _____ Make/type _____</p> <p>7. owner (see insurance certificate or logbook) Name _____ Surname _____ Address _____ Telephone _____</p> <p>8. driver (see driving licence) Name _____ Surname _____ Address _____ Telephone _____ Driving licence number _____ Group _____ Valid from _____ to _____</p> <p>9. insurance company (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate insurance number _____</p> |
|---|--|--|

| | | |
|--|--|--|
| <p>10. show with an arrow the point of initial impact</p>  | <p style="text-align: center;">14. plan of accident</p> <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 gray; height: 150px; width: 100%;"></div> | <p>10. show with an arrow the point of initial impact</p>  |
| <p>11. visible damage:</p> <hr/> <hr/> <hr/> <hr/> | <p style="text-align: center;">15. signatures of drivers</p> <p>_____ of Vehicle A _____ of Vehicle B</p> | <p>11. visible damage:</p> <hr/> <hr/> <hr/> <hr/> |
| <p>12. remarks</p> <hr/> <hr/> <hr/> <hr/> | <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> | <p>12. remarks</p> <hr/> <hr/> <hr/> <hr/> |

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