

Front-To-Rear Collision Form



People you can trust



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

.....

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

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: 21 32 02 02). 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

1. 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.
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 certificate and driving licences for the relevant details.
3. Obtain details of all witnesses before they leave in order to complete question 5.
4. 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.
5. Do not forget to:
 - a. Mark clearly under (10) the point of initial impact.
 - b. Tick (✓) in each appropriate square on your side (number 1 to 7) in section 13 and insert the total number of boxes marked.
 - c. Draw a plan of the accident location (14) showing all the information indicated.
6. It is advisable to take photographs of the collision, so as to have better proof of the circumstances.

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

Data Protection Statement

Atlas Insurance PCC Limited (hereinafter "Atlas") is the controller of personal data held about You or relating to You and/or to any other person/s on whose behalf you are making this claim (hereinafter "Others"), and this in terms of the Data Protection Act (hereinafter the "Act"). By making a claim with Atlas, You and Others accept the terms of this Statement. You hereby warrant that you have shown this statement to 'Others' and have obtained the necessary explicit verbal consent to:

- (a) the processing of any information by Atlas and/or by any other subsidiary companies of Atlas or Atlas Holdings Limited (hereinafter the "Group") which constitutes personal data in terms of the Act, insofar as such processing relates (but not limited) to handling and settling of claims, detecting and prevention of fraud and the keeping of statistics;
- (b) the disclosure by the Group, of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, Insurance intermediaries, the Malta Association of Credit Management (MACM), the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police or any public or private hospital or clinic, other healthcare providers of any kind or any person, body or authority authorised by law to receive personal data;
- (c) the abovementioned third parties, and other third parties legally entitled to communicate such data, disclosing relevant personal data to the Group and processing such data as described in paragraph (a) above; With regards to medical specialists appointed by Atlas, You and Others authorise them to examine you and to view any medical records and make all necessary investigations and enquires with relevant clinics, laboratories, hospitals or other healthcare providers regarding to Your and/or to the Others' medical conditions. You and others also authorise such clinics, laboratories, hospitals or other healthcare providers to release such information to the said medical specialists for the purposes in (a) above. You and Others also agree that such medical specialists may use any medical information relating to You and/or to Others to enable them to issue a report on Your and/or on the Others' medical conditions, to Your employer and/or any other entity for the purposes described in paragraph (a) above;
- (d) the recording of telephone calls for training, security and quality control purposes.

You also confirm that You understand (and have explained to Others) that You have the right to submit a written and signed request for access to or rectification of data held by the Group and that You and Others know the full details of our Data Protection Policy, updated from time to time, may be found on http://www.atlas.com.mt/Legal/Data_Protection.aspx

KIF TUŻA L-FORMOLA F'KAŻ TA' INĊIDENT FRONT-TO-REAR

Kull sewwieq li jkun involut f'incident front-to-rear għandu jimla' din il-formola, u jagħti kopja lis-sewwieq l-ieħor.

Fil-każijiet l-oħra kollha, il-Gwardjani Lokali għandhom jiġu msejha fuq il-post tal-incident (tel: 21 32 02 02). 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 ta' l-incident

1. Għandha timtela Dikjarazzjoni dwar Incident tat-Traffiku waħda biss. Meta l-incident jinvolvi aktar minn żewg vetturi għandha tintuża t-tieni formola.
2. Id-Dikjarazzjoni dwar Incident tat-Traffiku hija self-carbonised. Għalhekk uża biro u aġfas 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 b'żonn tirreferu għaċ-ċertifikati ta' l-assigurazzjoni u l-liċenzji tas-sewqan.
3. Jekk kien hemm xi xhieda li raw l-incident, ħudilhom isimhom u l-indirizz tagħhom qabel ma jtilqu halli tkun tista' timla taqsima 5.
4. Meta tħossok sodisfatt bid-Dikjarazzjoni, iffirmaha u ara li tiġi ffirmata mis-sewwieq l-ieħor (taqsima 15). Folja mid-Dikjarazzjoni għandha tingħata lis-sewwieq l-ieħor, filwaqt li inti għandek iżomm il-folja l-oħra.
5. Tinsix:
 - a. Turi bi preċiżjoni fejn seħħ l-ewwel impatt, permezz ta' vlegġa fit-taqsima (10).
 - b. Tagħmel sinjal (✓) f'kull kaxxa li tiddiskrivi kif seħħ l-incident (numru 1 sa 7) fit-taqsima (13) u niżżel in-numru totali ta' kaxxi li mmarkajt.
 - c. Tpinġi pjanta ta' l-incident fit-taqsima (14), u timmarka l-informazzjoni kollha meħtieġa.
6. Ikun tajjeb li tiegħu ritratti tal-incident biex ikollok prova aħjar tal-fatti.

Meta tirritorna d-dar

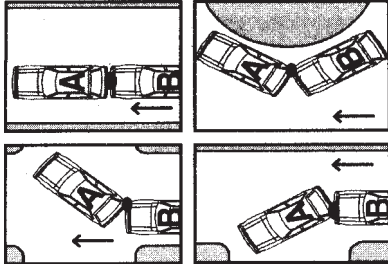

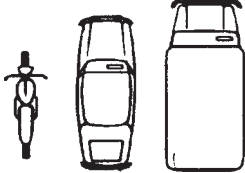
1. Imla l-parti ta' wara tal-formola. Din hija l-verzjoni tiegħek tal-fatti li ġraw, li ser issegwi l-kumpanija ta' l-assigurazzjoni tiegħek. F'każ ta' b'żonn, tista' tirrikorri għand l-assigurazzjoni tiegħek biex jgħinuk timla l-parti ta' wara tal-formola.
2. Minnufih informa l-kumpanija ta' l-assigurazzjoni b'dan l-incident u aġtihom din il-formola li tinkludi (i) id-Dikjarazzjoni ta' l-incident u (ii) ir-rapport personali tiegħek, fuq il-parti ta' wara.

Dikjarazzjoni dwar il-Protezzjoni u l-Privatezza tad-Data

Atlas Insurance PCC Limited (hawn taħt imsemija 'Atlas') hija l-kontrollur ta' l-informazzjoni personali tiegħek u ta' dawk il-persuni li f'isimhom qed tagħmel din il-klejm mal-Atlas (hawn taħt imsemija "Oħrajn"), u dan skond l-Att dwar il-Protezzjoni u l-Privatezza tad-Data (hawn taħt imsemija "l-Att"). Meta tagħmel klejm mal-Atlas, Int u l-Oħrajn qed taċċettaw il-kundizzjonijiet ta' din id-dikjarazzjoni. Inti, hawnhekk, qed tikkonferma ukoll li inti pprezentajt din id-dikjarazzjoni lill-Oħrajn u dawn ikkonfermawlek verbalment u esplicitament li taċċetta/jaċċettaw li:

- a) l-iproċessar ta' informazzjoni mill-Atlas u/jew mill-kumpaniji sussidjarji tal-Atlas jew ta' Atlas Holdings Limited (hawn taħt imsemija il-'Grupp'), li hija kkunsidrata bħala informazzjoni personali skond l-Att, meta l-iproċessar ikun relatat ma' (imma mhux limitat għal) amministrazzjoni u ħlas ta' klejms, biex nevitaw u ninvestigaw frodi, u biex tinzamm statistika;
- b) informazzjoni personali miżmuma mill-Grupp tista' tingħata lil kumpaniji ta' assicurazzjoni oħra jew lil persuni għan-nom tagħhom, kif ukoll lil (imma mhux limitat għal) "Malta Insurance Association", intermedjarji tal-assicurazzjoni, lil Malta Association of Credit Management (MACM), lil Malta Insurance Fraud Platform u lil esperti oħra maħtura, kif ukoll lil Kummissarju tal-Pulizija, sptarijiet u klinici tal-gvern u privati kif ukoll entitajiet u persuni li jipprovdu kura, awtoritajiet u entitajiet awtorizzati bil-liġi li jirċievu informazzjoni personali;
- c) it-terzi persuni msemmija hawn fuq u terzi persuni oħra li huma legalment awtorizzati biex jagħtu din l-informazzjoni personali, jagħtuha lill-Grupp u li tiġi proċessata kif imsemmi f'paragrafu (a) hawn fuq; B'referenza specifika għal persuni li jipprovdu kura, Int u l-Oħrajn taccetta/jaccettaw li, dawn il-persuni appuntati mill-Atlas jistgħu jeżaminaw u jaraw kull tip ta' noti klinici u jagħmlu investigazzjonijiet u rikjesti minn għand l-isptarijiet u l-klinici tal-gvern u privati, minn għand il-laboratorji u minn għand persuni oħra li jipprovdu l-kura, fuq il-kundizzjoni medika tiegħek jew/u tal-Oħrajn. Int u l-Oħrajn taccettaw li dawn l-isptarijiet u l-klinici tal-gvern u privati, il-laboratorji u l-persuni l-oħra li jipprovdu l-kura jistgħu jgħaddu din l-informazzjoni medika lill-persuni imsemmija hawn fuq appuntati mill-Atlas. Int u l-Oħrajn ukoll taccettaw li dawn il-persuni li jipprovdu kura, jistgħu juzaw l-informazzjoni medika relatata miegħek u/ jew tal-Oħrajn sabiex ikunu jistgħu jagħmlu rapport fuq il-kundizzjoni medika tiegħek u/jew tal-Oħrajn u jipprezentawh lil min ihaddmek u/jew lil xi entita oħra biex jipprocessaw l-informazzjoni kif imsemmi f'paragrafu (a) hawn fuq;
- d) it-telefonati jistgħu jiġu rrekordjati għal raġunijiet ta' taħriġ, sigurta' u harsien tal-kwalita'.

Int ukoll qed tikkonferma li fhimt (u spjegajt lill-Oħrajn) li Int għandek id-dritt li permezz ta' ittra iffirmata, titlob li jkollok aċċess għal jew tibdil fl-informazzjoni personali tagħkom miżmuma mill-Grupp. Id-dettalji kollha dwar il-Protezzjoni u l-Privatezza tal-Informazzjoni tal-Grupp jinstabu fuq http://www.atlas.com.mt/Legal/Data_Protection.aspx, li jiġu aġġornati minn żmien għal żmien.

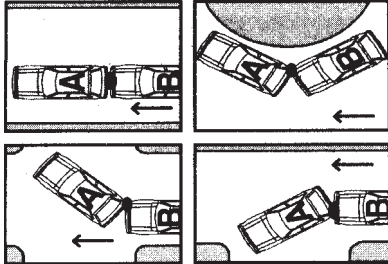
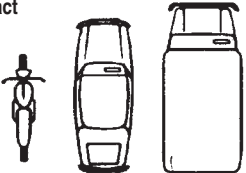
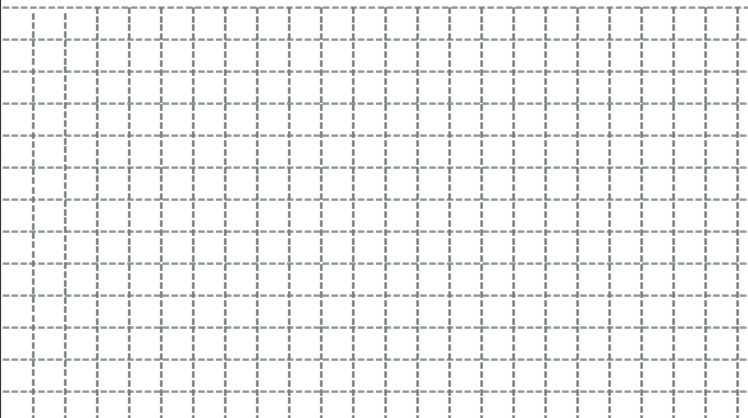
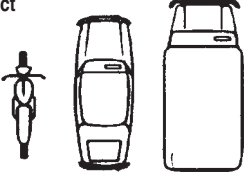
1. Data u hin ta' l-incident	2. Post ta' l-incident	3. Korra xi hadd (anke hafif) IVA <input type="checkbox"/> LE <input type="checkbox"/>
4. Hsarat materjali: IVA <input type="checkbox"/> apparti l-hsara fil-vettura A jew B, hemm xi hsara oħra? LE <input type="checkbox"/>	5. Xhieda: ismijiet, indirizzi, numri tat-telefon/mobile u ID (Uri jekk ix-xhud kienu passaggjier, fil-każ f'liema vettura)	
6. Vettura Reg _____ Ghamla /tip _____ 7. Sid il-vettura (ara ċ-ċertifikat ta' l-insurance jew logbook) Isem u Kunjom _____ ID Nru. _____ Indirizz _____ Telefon/Mobile _____ E-mail _____	13. Ċirkostanzi Aghmel sinjal (✓) f'kull kaxxa rilevanti biex tispjega l-pjanta ta' l-incident (14) <input type="checkbox"/> 1. h'ibatt mal-parti ta' wara tal-vettura l-oħra <input type="checkbox"/> 2. waqt li kont miexi fl-istess direzzjoni <input type="checkbox"/> 3. waqt li kont miexi fl-istess <i>lane</i> <input type="checkbox"/> 4. waqt li kont miexi f' <i>lane</i> oħra <input type="checkbox"/> 5. waqt li kont qed naqleb minn <i>lane</i> għall-oħra <input type="checkbox"/> 6. waqt li kont qed naqla' vettura oħra <input type="checkbox"/> 7. h'ibatt mal-quddiem tal-vettura l-oħra waqt li kont qed nirriversja <input type="checkbox"/> numru totali ta' kaxxa li mmarkajt _____ Jekk xi pjanta minn dawn ta' hawn taht tiddiskrivi l-incident immarkaha (✓) u žid l-ismijiet tat-toroq u s-sinjali tat-traffiku 	6. Vettura Reg _____ Ghamla /tip _____ 7. Sid il-vettura (ara ċ-ċertifikat ta' l-insurance jew logbook) Isem u Kunjom _____ ID Nru. _____ Indirizz _____ Telefon/Mobile _____ E-mail _____
8. Sewwieq (ara l-liċenzja tas-sewqan) Isem u Kunjom _____ ID Nru. _____ Indirizz _____ Telefon/Mobile _____ E-mail _____ Nru tal-Liċenzja tas-sewqan _____ Grupp _____ Valida sa _____	8. Sewwieq (ara l-liċenzja tas-sewqan) Isem u Kunjom _____ ID Nru. _____ Indirizz _____ Telefon/Mobile _____ E-mail _____ Nru tal-Liċenzja tas-sewqan _____ Grupp _____ Valida sa _____	9. Kumpanija ta' l-Assigurazzjoni (ara ċ-ċertifikat) Isem _____ Numru tal-Polja _____ Valida sa _____
10. Uri bi vlegġa fejn seħh l-ewwel impatt 	14. Pjanta ta' l-incident Uri 1. it-tqassim tat-toroq 2. bi vlegġa d-direzzjoni tal-vetturi A, B 3. il-posizzjoni 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>	10. Uri bi vlegġa fejn seħh l-ewwel impatt 
11. Hsarat li jidhru: _____ _____ _____	11. Hsarat li jidhru: _____ _____ _____	12. Trid iżżid xi haġa oħra? _____ _____ _____
12. Trid iżżid xi haġa oħra? _____ _____ _____	15. Firma tas-sewwieqa: Tal-Vettura A _____ Tal-Vettura B _____	



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

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, telephone/mobile numbers and ID (indicate if passenger, and, if so, in which vehicle)	
6. Vehicle Reg Plate _____ 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"/> 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. 	6. Vehicle Reg Plate _____ Make /Type _____
7. Owner (see insurance certificate or logbook) Name & Surname _____ ID No. _____ Address _____ Telephone/Mobile _____ E-mail _____	7. Owner (see insurance certificate or logbook) Name & Surname _____ ID No. _____ Address _____ Telephone/Mobile _____ E-mail _____	8. Driver (see driving licence) Name & Surname _____ ID No. _____ Address _____ Telephone/Mobile _____ E-mail _____ Driving licence number _____ Group _____ Valid up to _____
8. Driver (see driving licence) Name & Surname _____ ID No. _____ Address _____ Telephone/Mobile _____ E-mail _____ Driving licence number _____ Group _____ Valid up to _____	9. Insurance Company (see insurance certificate) Name _____ Policy Number _____ Valid up to _____	9. Insurance Company (see insurance certificate) Name _____ Policy Number _____ Valid up to _____
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: _____ _____ _____	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 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. 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

Head Office 47-50 Ta' Xbiex Seafront 23 43 53 63 insure@atlas.com.mt

Ta' Xbiex Abate Rigord Street 21 322 600

Paola Regional Office 87-89 Valletta Road 21 668 669 paola@atlas.com.mt

Mosta 94 Constitution Street 21 422 082 mosta@atlas.com.mt

Birkirkara 1 Psaila Street 21 49 20 00 bkara@atlas.com.mt

Bormla 55 Gavino Gulia Square 21 800 880 bormla@atlas.com.mt

Luqa Skyparks Business Centre Malta International Airport 21 68 68 68 skyparks@atlas.com.mt

Qormi Pavi Shopping Complex Manwel Dimech Street 21 444 010 qormi@atlas.com.mt

Rabat Vjal il-Haddiem 21 450 555 rabat@atlas.com.mt

San Gwann Naxxar Road c/w Bernardette Street 21 380 020 sangwann@atlas.com.mt

St Paul's Bay 2 Toni Bajada Street 21 578 000 stpaulsbay@atlas.com.mt

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