

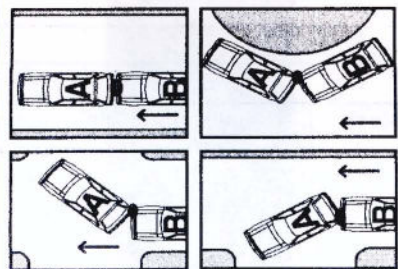
# Statement of Facts on a Front-to-Rear Collision

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"/>
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<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)
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<b>6. vehicle</b> Reg No _____  Make /Type _____  <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 _____  <b>9. insurance company</b> (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate insurance number _____	<b>13. circumstances</b> 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.	<b>6. vehicle</b> Reg No _____  Make/type _____  <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 _____  <b>9. insurance company</b> (see insurance certificate) Name _____ Agent/Broker _____ Policy Number _____ Motor certificate insurance number _____
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<b>10. show with an arrow the point of initial impact</b>   <b>11. visible damage:</b> _____ _____ _____  <b>12. remarks</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.  <div style="border: 1px dashed gray; height: 150px; width: 100%;"></div>	<b>10. show with an arrow the point of initial impact</b>   <b>11. visible damage:</b> _____ _____ _____  <b>12. remarks</b> _____ _____ _____
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.		
<b>15. signatures of drivers</b> _____ of Vehicle A _____ of Vehicle B		

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