



Important Points / Punti Importanti:

When the accident occurs and when it is possible it is important to /
Meta jgri l-incident u meta huwa possibli huwa importanti li/:

- (a) Take photos of the accident and its surroundings
Tiehu ritratti tal-incident u tal-madwar
- (b) Remove vehicles so as not to obstruct traffic
Nehhi l-vetturi min-nofs tat-triq biex ma jinzammx traffiku.
- (c) Complete the Front-to-Rear form and sign it.
Imla l-formula kollha u iffirmaha

Argus Insurance Company (Europe) Ltd – Malta branch is registered in Malta and authorised to carry on general business in terms of the Insurance Business Act and is regulated by the MFSA.

Argus Front-to-Rear

In the case of a Front to Rear accident there is no need to call the local wardens. In case of injury, please call for the Ambulance and the Police.

F'kaz ta' incident "Front to Rear" m'hemmx ghalfejn jissejhu l-Gwardjani Lokali. F'kaz ikun hemm griehi, ghandek iccempel lil Ambulanza u lill-Pulizija.

Useful telephone numbers/ Numri tat-telefon utili:-

Police/ Pulizija (tel: 112)
Local Wardens / Gwardjani Lokali (tel: 21320202)
Tow & Go Service (Mob no: 79777015 or 7999 9915)



www.argus.mt

DATA PROTECTION NOTICE

The details you provide in this declaration constitutes personal data in accordance with the Data-Protection Act and will be processed in order to enable the handling of claims, and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. The personal data will be disclosed to the insurers mentioned in this declaration and may also be disclosed to the insurance agents. Tied Insurance Intermediaries or brokers of the policyholders. In addition, some or all of the information may be passed to the other insurance companies, to the Malta Insurance Association or other market entity or to reinsurers for underwriting and claims handling purposes and also 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 insurers mentioned in this declaration.

HOW TO USE THESE FORMS IN FRONT-TO-REAR COLLISIONS

Each driver who is involved in a front-to-rear collision, should fill and exchange a copy of this form. In this way, each driver will have enough information regarding the identity of the other driver, his insurance and the circumstances in which the accident occurred. If a driver does not do so, he will be breaking the law.

In the Maltese Islands, the presence of the police should always be requested on-site in the event of injuries or when government property is involved. The Police can be contacted on telephone number 21 224001, or at the nearest Police Station.

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 licenses.
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 specs 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 photographers 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

AVVIŻ DWAR IL-PROTEZZJONI TAD-DATA

Id-dettalji li tipprovidi f'din id-dikjarazzjoni jikkostitwixxu data personali skont l-Att dwar il-Protezzjoni tad-Data u se jiġu pproċessati sabiex jiPPERMETTU t-trattament tat-talbiet, u wkoll għall-finijiet ta' skoperta, prevenzjoni u trażzin ta' frodi kif ukoll għall-ghanijiet ta' ħzin ta' statistika. Id-data personali se tiġi żvelata lill-assiguraturi msemmija f'din id-dikjarazzjoni u tista' wkoll tiġi żvelata lill-aġenti tal-assigurazzjoni, Intermedjarji tal-Assigurazzjoni Marbuta, jew brokers tal-poloż tas-sidien. Barra minn hekk, xi wħud jew l-informazzjoni kollha jistgħu jiġu mgħoddija lil kumpaniji oħra tal-assigurazzjoni, lill-Assoċjazzjoni tal-Assigurazzjoni ta' Malta, lil entitajiet oħra tas-suq, jew lil riassiguraturi għall-finijiet ta' underwritings u trattament tat-talbiet kif ukoll għall-finijiet ta' skoperta, prevenzjoni u trażzin ta' frodi u ħzin ta' statistika. Għandek id-dritt titlob aċċess għal din id-data personali, u fejn applikabbli, li tirrettifika din id-data billi tagħmel dan bil-miktub mal-assiguraturi msemmija f'din id-dikjarazzjoni.

KIF TUŻA DAWN IL-FORMOLI FIL-KAŻ TA' ĦBITI MINN QUDDIEM U MINN WARAJN

Kull sewwieq involut f'habta minn quddiem u minn warajh għandu jimla u jiskambja kopja ta' dan il-formola. B'dan il-mod, kull sewwieq ikollu biżżejjed informazzjoni dwar l-identità tas-sewwieq l-ieħor, l-assigurazzjoni tiegħu u ċ-ċirkostanzi tal-incident. Jekk sewwieq jonqos milli jagħmel dan, ikun qed jikser il-liġi.

Fil-Gżejjer Maltin, għandha dejjem tinalab il-preżenza tal-pulizija fuq il-post f'każ ta' griēhi jew meta tkun involuta proprjetà tal-gvern. Il-Pulizija tista' tikkuntattja fuq in-numru tat-telefon 21 224001, jew fl-eqreb Għassa tal-Pulizija.

Fuq il-post tal-incident:

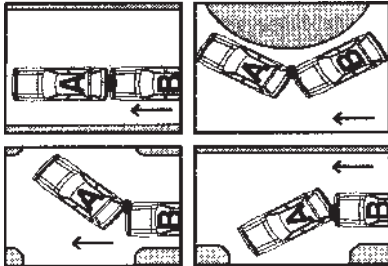

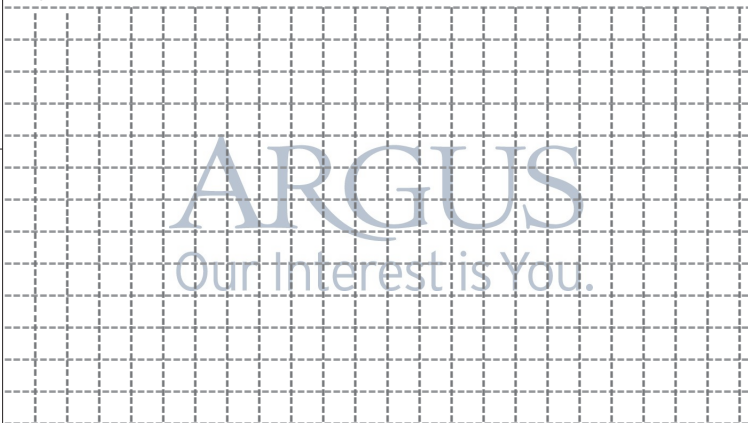


1. Għalkemm kull sewwieq għandu jkollu kopja ta' dan il-formola fil-karozza tiegħu, għandha tintuża biss dikjarazzjoni ta' fatti waħda, u mhux importanti liema waħda tintuża. Meta l-incident jinvolvi aktar minn żewġ vetturi, għandu jintuża formola oħra.
2. Id-Dikjarazzjoni tal-Fatti hija awto-karbonizzata. Preferibbilment, tuża pinna, imla bis-shiħ jew il-parti l-isfar jew il-ħadra tad-Dikjarazzjoni tal-Fatti. Is-sewwieq l-ieħor għandu jimla s-sezzjoni l-oħra bil-kulur li jappartjeni għat-tieni vettura. Ovvjament, iż-żewġ sewwieqa jkollhom jirreferu għaċ-ċertifikati tal-assigurazzjoni u l-liċenzji tas-sewqan tagħhom.
3. Ikseb id-dettalji tax-xhieda kollha qabel ma jtitliqu. Imla mistoqsija 5.
4. Meta tkun sodisfatt bl-eżattezza tad-dikjarazzjoni, iffirmaha u kun żgur li tkun iffirmata mis-sewwieq l-ieħor (15). Żomm kopja waħda u aġti l-oħra lis-sewwieq l-ieħor.
5. Tinsix:
 - (a) timmarka b'mod ċar taħt (10) il-punt ta' impatt inizjali.
 - (b) ittikkja (✓) fil-kaxxi xierqa kollha fuq in-naħa tiegħek (numri 1 sa 7) fis-sezzjoni 13 u indika n-numru totali ta' speċifikazzjonijiet immarkati.
 - (c) tpingi pjan tal-post tal-incident (14) li juri l-informazzjoni kollha indikata.
6. Huwa rakkomandat li żzomm kamera li tintrema wara l-użu fil-karozza tiegħek. B'dan il-mod, tkun tista' tiehu ritratti tal-habta biex ikollok prova aħjar.

Meta tirritorna d-dar:

1. Imla bis-shiħ ir-Rapport tal-incident tal-Mutur fuq in-naħa ta' wara tal-verżjoni tiegħek tad-Dikjarazzjoni tal-Fatti. Dan huwa r-rapport tiegħek lill-assiguraturi tiegħek, u jekk ikun hemm bżonn, il-kumpanija tal-assigurazzjoni tiegħek se tgħinek timpla.
2. Infurmak immedjatament lill-assiguratur tiegħek dwar l-incident u wasslihom dan il-formola li tinkludi:
 - (i) id-Dikjarazzjoni tal-Fatti u
 - (ii) ir-Rapport tal-incident tal-Vettura.

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

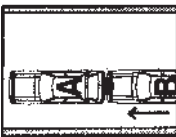
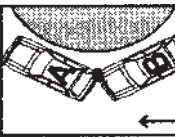
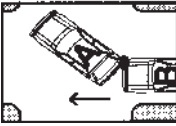
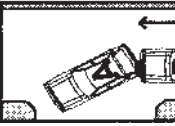
Din id-dikjarazzjoni ma titqiesx ammissjoni ta' responsabilita', izda tikkonstitwixxi taghrif dwar il-persuni involuti u l-fatti sabiehx il-claim ikun jista' jiġi mgharbel malajr
TRID TIĠI IFFIRMATA MIŻ-ŻEWĠ SEWWIEQA

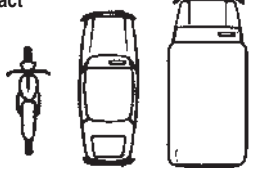
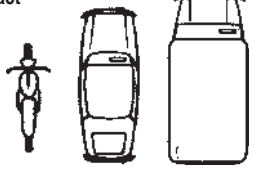
1. Data u hin ta' l-incident		2. Post ta' l-incident		3. Korra xi hadd (anke hafif) IVA <input type="checkbox"/> LE <input type="checkbox"/>	
4. Hsarat materjali: apparti l-hsara fil-vettura A jew B, hemm xi hsara oħra? IVA <input type="checkbox"/> LE <input type="checkbox"/>		5. Xhieda: ismijiet, indirizzi, numri tat-telefon/mobile u ID (Uri jekk ix-xhud kienu passaggjier, fil-każ f'liema vettura)			
6. Vettura VETTURA A 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 _____ 9. Kumpanija ta' l-Assigurazzjoni (ara ċ-ċertifikat) Isem _____ Numru tal-Polza _____ Valida sa _____		13. Ċirkostanzi Aghmel sinjal (✓) f'kull kaxxa relevanti 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 lane <input type="checkbox"/> 4. waqt li kont miexi f'lane oħra <input type="checkbox"/> 5. waqt li kont qed naqleb minn lane 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 VETTURA B 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 _____ 9. Kumpanija ta' l-Assigurazzjoni (ara ċ-ċertifikat) Isem _____ Numru tal-Polza _____ 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 		10. Uri bi vlegġa fejn seħh l-ewwel impatt 	
11. Hsarat li jidhru: _____ _____ _____				11. Hsarat li jidhru: _____ _____ _____	
12. Trid iżżid xi haġa oħra? _____ _____ _____		F'ismi u f'isem ix-xhieda msemmija hawnhekk, naqbel li din l-informazzjoni tkun tista' tiġi pprocessata mill-Kumpaniji ta' l-Assigurazzjoni u mill-Malta Insurance Association għall-iskopijiet kollha msemmija f'din il-formola, u nikkonferma li avżajt b'dan lix-xhieda. 15. Firma tas-sewwieqa: Tal-Vettura A _____ Tal-Vettura B _____		12. Trid iżżid xi haġa oħra? _____ _____ _____	

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)	

VEHICLE A	13. Circumstances	VEHICLE B
6. Vehicle Reg Plate _____ 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 <input type="checkbox"/> 1. <input type="checkbox"/> 2. whilst going in the same direction <input type="checkbox"/> 2. <input type="checkbox"/> 3. whilst travelling in the same lane <input type="checkbox"/> 3. <input type="checkbox"/> 4. whilst travelling in a different lane altogether <input type="checkbox"/> 4. <input type="checkbox"/> 5. whilst changing lanes <input type="checkbox"/> 5. <input type="checkbox"/> 6. whilst overtaking <input type="checkbox"/> 6. <input type="checkbox"/> 7. striking the front of the other vehicle whilst reversing <input type="checkbox"/> 7. <input type="checkbox"/> state total number of ticked boxes <input type="checkbox"/>	6. Vehicle Reg Plate _____ Make /Type _____
7. Owner (see insurance certificate or logbook) Name & Surname _____ ID No. _____ Address _____ Telephone/Mobile _____ E-mail _____	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>	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 _____	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 _____	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. <div style="text-align: center; font-size: 2em; opacity: 0.5;">ARGUS</div> <div style="text-align: center; font-size: 1.2em; opacity: 0.5;">Our Interest is You.</div> <p style="font-size: 0.8em;">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.</p> <p>15. Signatures of drivers: Of Vehicle A _____ Of Vehicle B _____</p>	10. Show with an arrow the point of initial impact 
11. Visible Damage: _____ _____ _____	11. Visible Damage _____ _____ _____	11. Visible Damage _____ _____ _____
12. Remarks _____ _____ _____ _____ _____	12. Remarks _____ _____ _____ _____ _____	12. Remarks _____ _____ _____ _____ _____

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