

This form is used to describe how the accident happened. It does not mean that anyone admits liability. Please have it completed by both drivers.

1. Date of accident

2026-05-14

Time

17:20

2. Place

Triq il-Kbira San Guzepp 132, Il-?amrun, MT

VEHICLE A

6. Policyholder/Insured

(see insurance certificate)

Surname

Borg

First name

Joseph

Address

Triq il-Kbira San Guzepp 132, Il-?amrun

Postcode

HMR 1544

Country

MT

Phone/ email

+356 9912 3456

7.1 Motor vehicle

Make, type

Toyota Aygo

Registration number

JBB 447

Country of registration

MT

7.2 Trailer

Registration number

Country of registration

8. Insurance company

(see insurance certificate)

Company name

GasanMamo Insurance Ltd

Policy number

MT-2026-884213

Green Card number

MT/26/884213

Insurance certificate/Green Card valid

from

2026-01-01

to

2026-12-31

Agency (office or broker)

Name

Address

Middle Sea House, Floriana FRN 1442

Postcode

Country

Phone/ email

Is damage to the vehicle insured under the policy?

☐ no

☒ yes

9. Driver

(see driving licence)

Surname

Borg

First name

Joseph

Date of birth

1978-08-24

Address

Triq il-Kbira San Guzepp 132, Il-?amrun

Postcode

HMR 1544

Country

MT

Phone/ email

+356 9912 3456, joseph.borg@example.com

Driving licence no.

MT 5510842

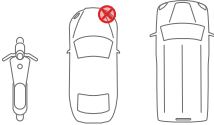
Category (A,B,...)

B

Licence valid until

2028-08-24

10. Indicate with an arrow the point of initial impact on vehicle A



11. Visible damage to vehicle A

14. Remarks

Kont insuq dritt mill-inkroċju fi il-Kbira San Guzepp,

fil-korsija tal-lemin, b'madwar 40 km/h. Il-vettura B giet (...)

3. Injuries

Injured/slightly injured?

☒ no

☐ yes

4. Material damage

to vehicles other than A and B

☒ no

☐ yes

to objects other than vehicles

☒ no

☐ yes

12. Circumstances

Put a cross in each box that applies, to help explain the sketch. Cross out anything that does not apply.

A

01

☐

was parked / was stationary

02

☐

was leaving a parking place / was opening a car door

03

☐

was pulling into a parking place

04

☐

was leaving a car park, private property or a track

05

☐

was entering a car park, private property or a track

06

☐

was entering a roundabout

07

☐

was driving on a roundabout

08

☐

struck the rear of the other vehicle while going in the same direction and in the same lane

09

☐

was going in the same direction, but in a different lane

10

☐

was changing lanes

11

☐

was overtaking

12

☐

was turning right

13

☐

was turning left

14

☐

was reversing

15

☐

was crossing into the oncoming lane

16

☐

was coming from the right (at a junction)

17

☐

had ignored a priority sign or a red light

☐

Enter the number of boxes marked with a cross.

B

01

☐

02

☐

03

☐

04

☐

05

☐

06

☐

07

☐

08

☐

09

☐

10

☐

11

☐

12

☐

13

☐

14

☐

15

☐

16

☒

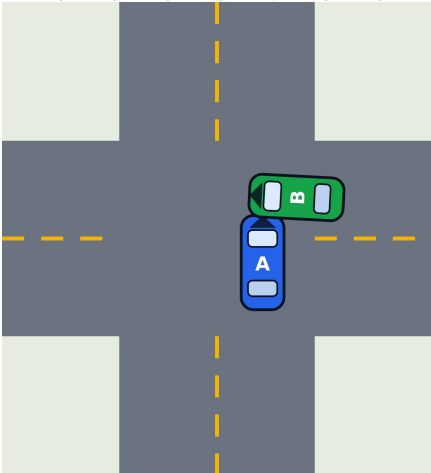
17

☒

2

13. Sketch of the accident at the moment of impact

Please show: 1. the lane layout 2. the direction of travel of vehicles A and B (with arrows) 3. their position at the moment of impact 4. road signs 5. street names



Both drivers must sign. Signing does not mean admitting liability - it only confirms the personal details and the description of the accident, which speeds up the claims process.

15. Signatures of both drivers



A



B

5. Witnesses

(underline passengers)

Names, addresses, phone numbers

Maria Camilleri, +356 9910 0111

VEHICLE B

6. Policyholder/Insured

(see insurance certificate)

Surname

Rossi

First name

Mario

Address

Via Nomentana 685, Roma

Postcode

00141

Country

IT

Phone/ email

+39 333 1234567

7.1 Motor vehicle

Make, type

Fiat Panda

Registration number

FR 447 XK

Country of registration

IT

7.2 Trailer

Registration number

Country of registration

8. Insurance company

(see insurance certificate)

Company name

Generali Italia S.p.A.

Policy number

IT-2026-114770

Green Card number

IT/26/114770

Insurance certificate/Green Card valid

from

2026-02-01

to

2027-01-31

Agency (office or broker)

Name

Address

Piazza Duca degli Abruzzi 2, 34132 Trieste

Postcode

Country

Phone/ email

Is damage to the vehicle insured under the policy?

☒ no

☐ yes

9. Driver

(see driving licence)

Surname

Rossi

First name

Mario

Date of birth

1977-04-25

Address

Via Nomentana 685, Roma

Postcode

00141

Country

IT

Phone/ email

+39 333 1234567, mario.rossi@example.com

Driving licence no.

IT 8842130

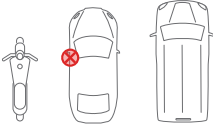
Category (A,B,...)

B

Licence valid until

2029-04-25

10. Indicate with an arrow the point of initial impact on vehicle B



11. Visible damage to vehicle B

14. Remarks

Mi avvicinavo all'incrocio con il-Kbira San Guzepp da destra, dalla strada secondaria. Ho visto il veicolo A troppo (...)

Annex - additional details

14. Notes (optional) (A)

Kont insuq dritt mill-inkrocju fi il-Kbira San Guzepp, fil-korsija tal-lemin, b'madwar 40 km/h. Il-vettura B giet mil-lemin u ma tatnix il-precedenza. ?sara fil-parafangu ta' quddiem tal-lemin, fil-bamper u fid-dawl tal-lemin.

14. Notes (optional) (B)

Mi avvicinavo all'incrocio con il-Kbira San Guzepp da destra, dalla strada secondaria. Ho visto il veicolo A troppo tardi e non gli ho dato la precedenza. Danni alla fiancata sinistra, all'altezza della portiera anteriore. Riconosco la mia responsabilita.