

MALTA GREEN CARD BUREAU
ACCIDENT REPORT

Claim Number

DRIVER OF FOREIGN REGISTERED VEHICLE

At the time of the accident

Driver's Name & Surname _____

Address _____

Mobile No _____

E-mail _____

FOREIGN REGISTERED VEHICLE

Registration Number _____

Make, Type _____

Year of Manuf _____

Garage effecting repairs _____

Name of Insurance Company _____

Insurance Police no & Type of cover _____

Claim no _____

Name & Surname of owner _____

Address _____

THIRD PARTY VEHICLE

Registration Number _____

Make, Type _____

Year of Manuf _____

Driver's Name & Surname _____

DETAILS OF ACCIDENT

Date _____ Time _____

Place (exact location) _____

Witnesses _____

Number of occupants in vehicle at time of accident _____

Was accident reported to Police? Yes No

Police Station and PC's name & number _____

Weather Conditions _____

Speed of vehicles: Green Card Vehicle _____ Third Party _____

Warning by your vehicle _____ Other vehicle _____

Were street lights illuminated? Yes No

Lights displayed on your vehicle _____ Other vehicle _____

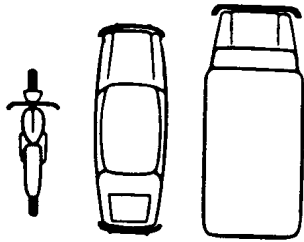
CIRCUMSTANCES

Foreign Registered vehicle	TP vehicle
1	Parked (at the roadside) 1
2	Leaving a parking place (at the roadside) 2
3	Entering a parking place (at the roadside) 3
4	Emerging from car park, track, private grounds 4
5	Entering a car park, private grounds, a track 5
6	Entering a roundabout 6
7	Circulating in a roundabout etc 7
8	Struck rear of other vehicle while going in same direction and in same lane 8
9	Going in same direction but in different lane 9
10	Changing lanes 10
11	Overtaking 11
12	Turning to the right 12
13	Turning to the left 13
14	Reversing 14
15	Encroaching in the opposite traffic lane 15
16	Coming from the right (at road junctions) 16
17	Not observing the right of way sign 17
State TOTAL number of spaces marked with crosses	

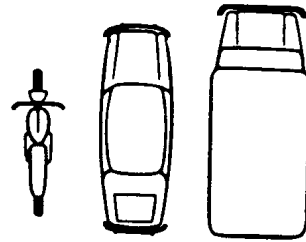
PLAN OF ACCIDENT

Damages:

To Foreign Registered Vehicle



To TP Vehicle



Visible Damage

Visible Damage

DAMAGE TO PROPERTY - other than to TP vehicle

Owner of damaged property _____ Telephone _____

Address _____

Details of Property _____

Nature of Damage _____

Insurer's name and policy number _____

INJURED PERSONS – injuries even if slight

Name & Surname _____ Occupation _____ Age _____

Address _____

Injuries sustained _____

Vehicle occupant Yes No Pedestrian Yes No

If occupant, state in which vehicle _____

State how the accident happened

Data Protection Notice

To the extent that the information supplied by me/us, I/we consent to the processing of such data for the purposes of handling of this claim and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics.

The addition, the Bureau may pass some or all of the information to other insurance companies or to the Malta Insurance Association or other market entity for claims handling purposes.

Declaration:

I/we declare that to the best of our knowledge and belief, these particulars are full and true. I/we agree to give any further information that may be required. Furthermore, I/we confirm that I/we have read the **Data Protection Notice** above.

Name in block letters

Signature

Date

Malta Green Card Bureau's official