

**MALTA GREEN CARD BUREAU**  
**ACCIDENT REPORT**

Claim Number

**DRIVER OF THIRD PARTY VEHICLE**

*At the time of the accident*

Driver's Name & Surname \_\_\_\_\_

Address \_\_\_\_\_

Mobile No \_\_\_\_\_

E-mail \_\_\_\_\_

**THIRD PARTY VEHICLE**

Registration Number \_\_\_\_\_ Make, Type \_\_\_\_\_ Year of Make \_\_\_\_\_

Garage effecting repairs \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Police no & Type of cover \_\_\_\_\_ Claim no \_\_\_\_\_

Name & Surname of owner \_\_\_\_\_

Address \_\_\_\_\_

**FOREIGN REGISTERED VEHICLE**

Registration Number \_\_\_\_\_ Make, Type \_\_\_\_\_ Year of Make \_\_\_\_\_

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: Your Vehicle \_\_\_\_\_ Foreign vehicle \_\_\_\_\_

Warning by your vehicle \_\_\_\_\_ Foreign vehicle \_\_\_\_\_

Were street lights illuminated? Yes No

Lights displayed on your vehicle \_\_\_\_\_ Foreign vehicle \_\_\_\_\_

## CIRCUMSTANCES

### Your vehicle

### Foreign vehicle

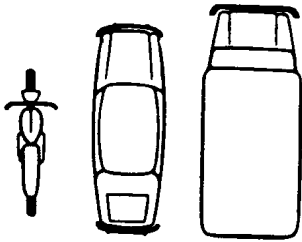
1	Parked (at the roadside)	1
2	Leaving a parking place (at the roadside)	2
3	Entering a parking place (at the roadside)	3
4	Emerging from car park, track, private grounds	4
5	Entering a car park, private grounds, a track	5
6	Entering a roundabout	6
7	Circulating in a roundabout etc	7
8	Struck rear of 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**

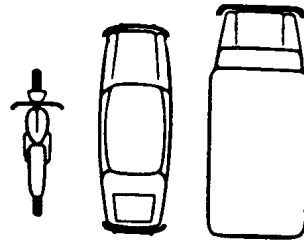
# PLAN OF ACCIDENT

Damages:

To Your Vehicle



To Foreign Registered Vehicle



Visible Damage

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Visible Damage

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## DAMAGE TO PROPERTY - other than to the other vehicle

Owner of damaged property \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Details of Property \_\_\_\_\_

Nature of Damage \_\_\_\_\_

Insurer's name and policy number \_\_\_\_\_



**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