

REQUEST FOR TRAFFIC ACCIDENT REPORT(TARS)

REQUEST FOR TRAFFIC ACCIDENT REPORT (TARS)	TALBA GHAR-RAPPORT TA' INCIDENT STRADALI (TARS)	
<p>You should request a traffic accident report only if you suffered loss in this accident and have reasonable cause to obtain it. We will use the details which you fill in this form to check that you are entitled to this report. All information will be treated in strict confidence.</p>	<p>Ghandek titlob rapport tal- incident stradali fil-kaz biss li inti sofrest hsara fl-incident, u ghandek raguni valida biex titolbu. Bid-dettalji li timla, ser naraw li inti intitolat ghal dan ir-rapport. L-informazzjoni li taghtina tinzamm kunfidenzjali.</p>	
ACCIDENT DETAILS/DETTALJI DWAR L-INCIDENT		
Community Officer's Traffic Accident report number / Numru tar-rapport tal-incident stradali moghti mill- Ufficjal tal-Komunita		
Accident date / Data tal-incident		
Place of accident / Post tal-incident		
Did you suffer material loss in this accident? / Sofrest hsara materjali f'dan l-incident?	YES/IVA	NO/LE
Did you incur bodily injuries in this accident? / Korrejt f'dan l-incident?	YES/IVA	NO/LE
DETAILS OF VEHICLE/ DETTALJI VETTURA	A	B
Vehicle registration no. / Numru ta' registrazzjoni tal- vettura		
Make / Ghamla		
Model / Mudell		
Name and Surname of vehicle owner / Isem u Kunjom ta sid il-vettura		

DETAILS OF THE APPLICANT/ DETTALJI TAL-APPLIKANT

Name and Surname / Isem u Kunjom

Identity card no. (copy attached with this application)
Numru tal-karta ta l-identita (kopja ma' din l-applikazzjoni)

Telephone number / Numru tat-telefon

Email address / Indirizz tal-email

Current address / Indirizz kurrenti

Signature of applicant / Firma tal-applikant

Additional information should be added at the back of this form. The completed form together with

*(1) a copy of your identity card and
(2) a cheque payment for €21.78 (VAT included) should be sent to:*

**Insurance Association Malta,
Unit 4, Level 2,
116 Msida Valley Road,
Birkirkara BKR9024, Malta**

Payment can be effected via Bank Transfer using the following details:

**IBAN No: MT90VALL22013000000040015137957
Bank's BIC: VALLMTMT**

Informazzjoni addizzjonali ghandha tizdied fuq wara ta' din il-formula. Din il-formula ghandha timtela kollha u tintbghat flimkien ma'

*(1) kopja tal-karta tal-identita tieghek u
(2) Pagament ta, cekk ta' €21.78 (VAT inkluza) li ghandu jintbghat lil:*

**Insurance Association Malta,
Unit 4, Level 2,
116 Msida Valley Road,
Birkirkara BKR9024, Malta**

Il-pagament jista jsir b'trasferiment billi tuza dawn id-dettalji:

**IBAN No: MT90VALL22013000000040015137957
Bank's BIC: VALLMTMT**

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