

<b>PERSONAL DATA REQUEST FORM</b>	
<b>REQUEST FOR INFORMATION ON PERSONAL DATA</b>	<b>TALBA GHAL INFORMAZZJONI DWAR DATA PERSONALI</b>
<i>For the purposes of the Traffic Accident Report Services (TARS)</i>	<i>Ghal skopijiet tat-Traffic Accident Report Services (TARS)</i>
Please use Block Capitals to complete this form. All information will be treated in strict confidence.	Jekk joghgbok imla din il-formula b'ittri kbar. L-informazzjoni li taghtina tinzamm kunfidenzjali.
<b>PERSONAL DETAILS</b>	<b>DETTALJI PERSONALI</b>
We will use these details to identify any personal data relating to you held in TARS.	B'dawn id-dettalji personali ser insibu l-informazzjoni personali li tinvoli lilek fit-TARS.
Name & Surname/Isem u Kunjom	
Identity card number/Numru tal-karta tal-identita	
Current address/Indirizz kurrenti	
Country/Pajjiz	Postal code/ Kodici postali
<b>ACCIDENT DETAILS</b>	<b>DETTALJI DWAR L- INCIDENT</b>
We will use these accident details to identify any personal data on motor accidents to which you were involved.	B'dawn id-dettalji dwar l-incident ser insibu l-informazzjoni personali dwar incidenti li jinvolvu lilek
Accident Date/Data tal-Incident	
Vehicle Registration No./Numru ta Registrazzjoni tal-Vettura	
Make/Ghamla	
Model/Mudell	
Signature of Data subject Firma tas-suggett tad-dejta	
Name in block letters/ Isem b'ittri kbar	
<i>If you held a different previous address to the current one, please add this hereunder Jekk kellek xi indirizz differenti minn dak kurrenti, zidu hawn taht</i>	
The completed form with a copy of your identity card should be sent to: Insurance Association Malta, Unit 4, Level 2, 116 Msida Valley Road, Birkirkara BKR9024, Malta	