FORM

European Accident Statement

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
1. Data dell'incidente
Time 17:20
Ora
2. Place Triq il-Kbira San Guzepp 132, Il-?amrun, MT
2. Luogo

3. Injuries
3. Feriti
Injured/slightly injured? Feriti, anche lievi? — [X] no no [ ] yes sì

4. Material damage
4. Danni materiali
to vehicles other than A and B a veicoli diversi da A e B — [X] no no [ ] yes sì
to objects other than vehicles a oggetti diversi dai veicoli — [X] no no [ ] yes sì

5. Witnesses (underline passengers)
5. Testimoni (sottolineare i passeggeri)
Names, addresses, phone numbers Nomi, indirizzi, telefoni: Maria Camilleri, +356 9910 0111

VEHICLE A

6. Policyholder/Insured 6. Contraente/Assicurato
(see insurance certificate)
(vedi certificato di assicurazione)
Surname Cognome: Borg
First name Nome: Joseph
Address Indirizzo: Triq il-Kbira San Guzepp 132, Il-?amrun
Postcode CAP: HMR 1544 Country Paese: MT
Phone/ email Telefono/ e-mail: +356 9912 3456

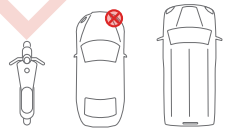
7.1 Motor vehicle
7.1 Veicolo a motore
Make, type Marca, tipo: Toyota Aygo
Registration number Targa: JBB 447
Country of registration Paese di immatricolazione: MT

7.2 Trailer
7.2 Rimorchio
Registration number Targa:
Country of registration Paese di immatricolazione:

8. Insurance company 8. Compagnia di assicurazione
(see insurance certificate)
(vedi certificato di assicurazione)
Company name Nome della compagnia: GasanMamo Insurance Ltd
Policy number Numero di polizza: MT-2026-884213
Green Card number Numero carta verde: MT/26/884213
Insurance certificate/Green Card valid
Certificato assicurativo/carta verde valido
from dal: 2026-01-01 to al: 2026-12-31
Agency (office or broker) Agenzia (ufficio o broker):
Name Nome:
Address Indirizzo: Middle Sea House, Floriana FRN 1442
Postcode CAP: Country Paese:
Phone/ email Telefono/ e-mail:
Is damage to the vehicle insured under the policy?
I danni al veicolo sono coperti dalla polizza?
[ ] no no [X] yes sì

9. Driver (see driving licence)
9. Conducente
Surname Cognome: Borg
First name Nome: Joseph
Date of birth Data di nascita: 1978-08-24
Address Indirizzo: Triq il-Kbira San Guzepp 132, Il-?amrun
Postcode CAP: HMR 1544 Country Paese: MT
Phone/ email Telefono/ e-mail: +356 9912 3456, joseph.borg@example.com
Driving licence no. N. patente: MT 5510842
Category (A,B,...) Categoria (A,B,...): B
Licence valid until Patente valida fino al: 2028-08-24

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



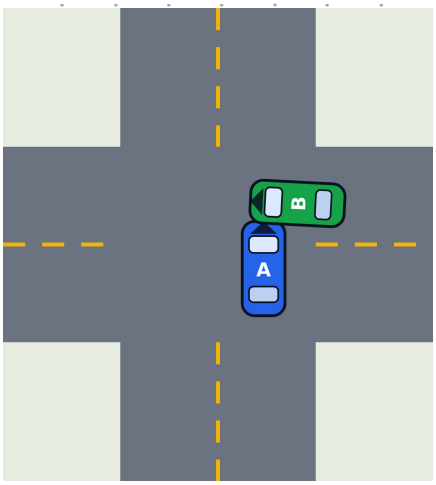
11. Visible damage to vehicle A
11. Danni visibili al veicolo A

14. Remarks
14. Osservazioni
Kont insuq dritt mill-inkrocju fi il-Kbira San Guzepp,
fil-korsija tal-lemin, b'madwar 40 km/h. Il-vettura B giet (...)

12. Circumstances 12. Circostanze
Put a cross in each box that applies, to help explain the sketch. Cross out anything that does not apply.

	A		B
01	[ ]	was parked / was stationary era in sosta / fermo	[ ] 01
02	[ ]	was leaving a parking place / was opening a car door apriva una portiera	[ ] 02
03	[ ]	was pulling into a parking place stava parcheggiando	[ ] 03
04	[ ]	was leaving a car park, private property or a track un'area privata, da una strada sterrata	[ ] 04
05	[ ]	was entering a car park, private property or a track un'area privata o in una strada	[ ] 05
06	[ ]	was entering a roundabout entrava in una rotatoria	[ ] 06
07	[ ]	was driving on a roundabout circolava in una rotatoria	[ ] 07
08	[ ]	struck the rear of the other vehicle while going in the same direction and in the same lane stesso senso e sulla stessa fila	[ ] 08
09	[ ]	was going in the same direction, but in a different lane ma in una fila diversa	[ ] 09
10	[ ]	was changing lanes cambiava fila	[ ] 10
11	[ ]	was overtaking sorpassava	[ ] 11
12	[ ]	was turning right girava a destra	[ ] 12
13	[ ]	was turning left girava a sinistra	[ ] 13
14	[ ]	was reversing faceva retromarcia	[ ] 14
15	[ ]	was crossing into the oncoming lane invadeva la corsia di senso opposto	[ ] 15
16	[ ]	was coming from the right (at a junction) proveniva da destra (a un incrocio)	[X] 16
17	[ ]	had ignored a priority sign or a red light precedenza o un semaforo rosso	[X] 17
		Enter the number of boxes marked with a cross. Indicare il numero di caselle	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
15. Firme di entrambi i conducenti
A
B

VEHICLE B

6. Policyholder/Insured 6. Contraente/Assicurato
(see insurance certificate)
(vedi certificato di assicurazione)
Surname Cognome: Rossi
First name Nome: Mario
Address Indirizzo: Via Nomentana 685, Roma
Postcode CAP: 00141 Country Paese: IT
Phone/ email Telefono/ e-mail: +39 333 1234567

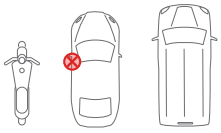
7.1 Motor vehicle
7.1 Veicolo a motore
Make, type Marca, tipo: Fiat Panda
Registration number Targa: FR 447 XK
Country of registration Paese di immatricolazione: IT

7.2 Trailer
7.2 Rimorchio
Registration number Targa:
Country of registration Paese di immatricolazione:

8. Insurance company 8. Compagnia di assicurazione
(see insurance certificate)
(vedi certificato di assicurazione)
Company name Nome della compagnia: Generali Italia S.p.A.
Policy number Numero di polizza: IT-2026-114770
Green Card number Numero carta verde: IT/26/114770
Insurance certificate/Green Card valid
Certificato assicurativo/carta verde valido
from dal: 2026-02-01 to al: 2027-01-31
Agency (office or broker) Agenzia (ufficio o broker):
Name Nome:
Address Indirizzo: Piazza Duca degli Abruzzi 2, 34132 Trieste
Postcode CAP: Country Paese:
Phone/ email Telefono/ e-mail:
Is damage to the vehicle insured under the policy?
I danni al veicolo sono coperti dalla polizza?
[X] no no [ ] yes sì

9. Driver (see driving licence)
9. Conducente
Surname Cognome: Rossi
First name Nome: Mario
Date of birth Data di nascita: 1977-04-25
Address Indirizzo: Via Nomentana 685, Roma
Postcode CAP: 00141 Country Paese: IT
Phone/ email Telefono/ e-mail: +39 333 1234567, mario.rossi@example.com
Driving licence no. N. patente: IT 8842130
Category (A,B,...) Categoria (A,B,...): B
Licence valid until Patente valida fino al: 2029-04-25

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



11. Visible damage to vehicle B
11. Danni visibili al veicolo B

14. Remarks
14. Osservazioni
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.