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

Time 17:20

2. Place Triq il-Kbira San Guzepp 132, Il-?amrun, MT

3. Injuries

Injured/slightly injured? [X] no [ ] yes

4. Material damage

to vehicles other than A and B [X] no [ ] yes

to objects other than vehicles [X] no [ ] yes

5. Witnesses (underline passengers)

Names, addresses, phone numbers Maria Camilleri, +356 9910 0111

VEHICLE A

6. Policyholder/Insured (see insurance certificate)

Surname Borg

First name Joseph

Address Triq il-Kbira San Guzepp 132, Il-?amrun

Postcode HMR 1544 Country MT

Phone/ email +356 9912 3456

7.1 Motor vehicle

Make, type Toyota Aygo

Registration number JBB 447

Country of registration MT

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name GasanMamo Insurance Ltd

Policy number MT-2026-884213

Green Card number MT/26/884213

Insurance certificate/Green Card valid

from 2026-01-01 to 2026-12-31

Agency (office or broker)

Name

Address Middle Sea House, Floriana FRN 1442

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy? [ ] no [X] yes

9. Driver (see driving licence)

Surname Borg

First name Joseph

Date of birth 1978-08-24

Address Triq il-Kbira San Guzepp 132, Il-?amrun

Postcode HMR 1544 Country MT

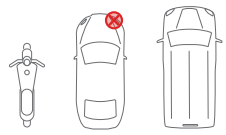
Phone/ email +356 9912 3456, joseph.borg@example.com

Driving licence no. MT 5510842

Category (A,B,...) B

Licence valid until 2028-08-24

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



11. Visible damage to vehicle A

14. Remarks

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

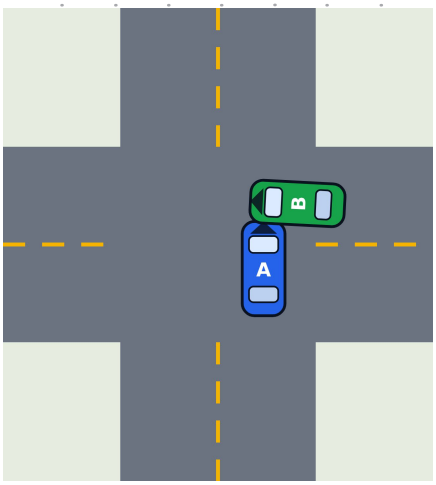
12. Circumstances

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	01 [ ]
02 [ ]	was leaving a parking place / was opening a car door	02 [ ]
03 [ ]	was pulling into a parking place	03 [ ]
04 [ ]	was leaving a car park, private property or a track	04 [ ]
05 [ ]	was entering a car park, private property or a track	05 [ ]
06 [ ]	was entering a roundabout	06 [ ]
07 [ ]	was driving on a roundabout	07 [ ]
08 [ ]	struck the rear of the other vehicle while going in the same direction and in the same lane	08 [ ]
09 [ ]	was going in the same direction, but in a different lane	09 [ ]
10 [ ]	was changing lanes	10 [ ]
11 [ ]	was overtaking	11 [ ]
12 [ ]	was turning right	12 [ ]
13 [ ]	was turning left	13 [ ]
14 [ ]	was reversing	14 [ ]
15 [ ]	was crossing into the oncoming lane	15 [ ]
16 [ ]	was coming from the right (at a junction)	16 [X]
17 [ ]	had ignored a priority sign or a red light	17 [X]
[ ]	Enter the number of boxes marked with a cross.	[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

A

B

VEHICLE B

6. Policyholder/Insured (see insurance certificate)

Surname Rossi

First name Mario

Address Via Nomentana 685, Roma

Postcode 00141 Country IT

Phone/ email +39 333 1234567

7.1 Motor vehicle

Make, type Fiat Panda

Registration number FR 447 XK

Country of registration IT

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name Generali Italia S.p.A.

Policy number IT-2026-114770

Green Card number IT/26/114770

Insurance certificate/Green Card valid

from 2026-02-01 to 2027-01-31

Agency (office or broker)

Name

Address Piazza Duca degli Abruzzi 2, 34132 Trieste

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy? [X] no [ ] yes

9. Driver (see driving licence)

Surname Rossi

First name Mario

Date of birth 1977-04-25

Address Via Nomentana 685, Roma

Postcode 00141 Country IT

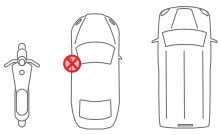
Phone/ email +39 333 1234567, mario.rossi@example.com

Driving licence no. IT 8842130

Category (A,B,...) B

Licence valid until 2029-04-25

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



11. Visible damage to vehicle B

14. Remarks

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.