

ACCIDENT REPORT FORM HACKNEY CARRIAGE & PRIVATE HIRE

(As required under section 50(3) of the Local Government Miscellaneous Provisions Act 1976 P2)

PLEASE NOTE:

1. The Proprietor shall report the accident (even if nobody is injured)
2. The accident shall be reported to the Hackney Carriage Department as soon as reasonably practicable, but in any case within **72 hours** of the occurrence.
3. Shall report any accident causing damage materially affecting the **safety, performance or appearance** of the vehicle, or the comfort or convenience of persons carried therein.

Please complete the following: (Do not give whose fault or what cause)

Date of accident:..... Vehicle Plate No: Vehicle Registration:

Vehicle Make: Vehicle Model:

Time: Place accident occurred:

Drivers Full Name Drivers Badge No.

Was the driver Insured? **YES** **NO** Licensed Proprietors Name:

Was anyone injured? **YES** **NO** If **YES** please give Name & Addresses below:

.....

..... Postcode:

Give brief description of the damage caused to the above vehicle and complete the diagram overleaf:
(Note if the vehicle is unroadworthy and cannot be presented to us for inspection, photographic evidence should be provided to verify the damage)

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.....

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Signed by: Date of signing

Proprietor / Driver (Please delete as appropriate)

OFFICE USE ONLY

Date accident reported to Inspector: Time:

Damage inspected by Licensing Officer **YES** **NO** **OR** Photo evidence provided **YES** **NO**

Action required:

.....

Name of Officer: Signature of Officer:

Chris Doyle/Belinda Pittam/Nawazish Khan

Please mark down all damage that has occurred to this vehicle during the accident detailed overleaf.
Make sure that the markings are approximate to the size of the damage.

X = Damage

