Vehicle Accident/Damage Report Form

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976
Section 50 (3)

Proprietors of licensed vehicles are required to inform the Licensing Authority of any accidents (including road traffic) or damage to a licensed vehicle within 72 hours. This includes any incident causing damage which materially affects the safety, performance or appearance of the vehicle, or the comfort or convenience of passengers carried.

1. Vehicle Details	
Vehicle Type	Private Hire / Hackney Carriage
Vehicle Licence Number	
Vehicle Registration Number	

2. Licence Holder Details	
Full Name or Company Name	
Contact Telephone	
Contact Email	

3. Driver Details – details of who was driving the vehicle	
Full Name	
Address	
Driver Licence Number	

6. Incident Type	
Please select one of the following options:	Road Traffic Collision Vandalism / Criminal Damage Accidental Damage (not road traffic related)

6. Incident Details	
Date and time	
Location	
Incident Details	

Use of the vehicle	Personal Use On-duty – not completing a booking On-duty – completing a booking
If the vehicle was 'On-duty' please provide the name of the Private Hire Operator for whom the driver was working for (if applicable)	
Was the incident reported to the Police? *If yes, please provide the incident or crime reference number*	Yes / No Reference _____
Were passengers being carried at the time of the incident?	Yes / No
Were the driver or any passengers injured? *If yes, please complete section 7 below, otherwise proceed to section 8*	Yes / No

7. Injury Details	
Was the driver injured?	Yes / No
Details of injury	
Is the driver fit to continue driving?	Yes / No
Were any passengers injured?	Yes / No
Details of injury	

8. Vehicle Damage Details
Please describe all damage to the vehicle in as much detail as possible. Where possible, you must submit photos of the damage alongside this report form. Please make sure the photos are clear including one close-up photo of the damage.

Does the damaged area have any sharp edges or areas that stick out?	Yes / No
Does the vehicle have any damage that would prevent safe access or egress from the vehicle? *I.e. doors that do not fully open, including the boot*	Yes / No
Is the vehicle safe to drive?	Yes / No
Current location of the vehicle	
Will insurance replacement vehicle be required?	Yes / No

9. Applicant's Information and Signature	
Name of Person Completing Application	
Job Title of Person Completing (if completed on behalf of a company)	
Contact Telephone	
Contact Email	
Signature - **Date -**	

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