



Contact: Licensing Office
Tel: (01302) 737590
Email: licensing@doncaster.gov.uk
Our Ref:
Website: www.doncaster.gov.uk/licensing
Date: 25 September 2018

Hackney Carriage and Private Hire Vehicle Accident Report Form

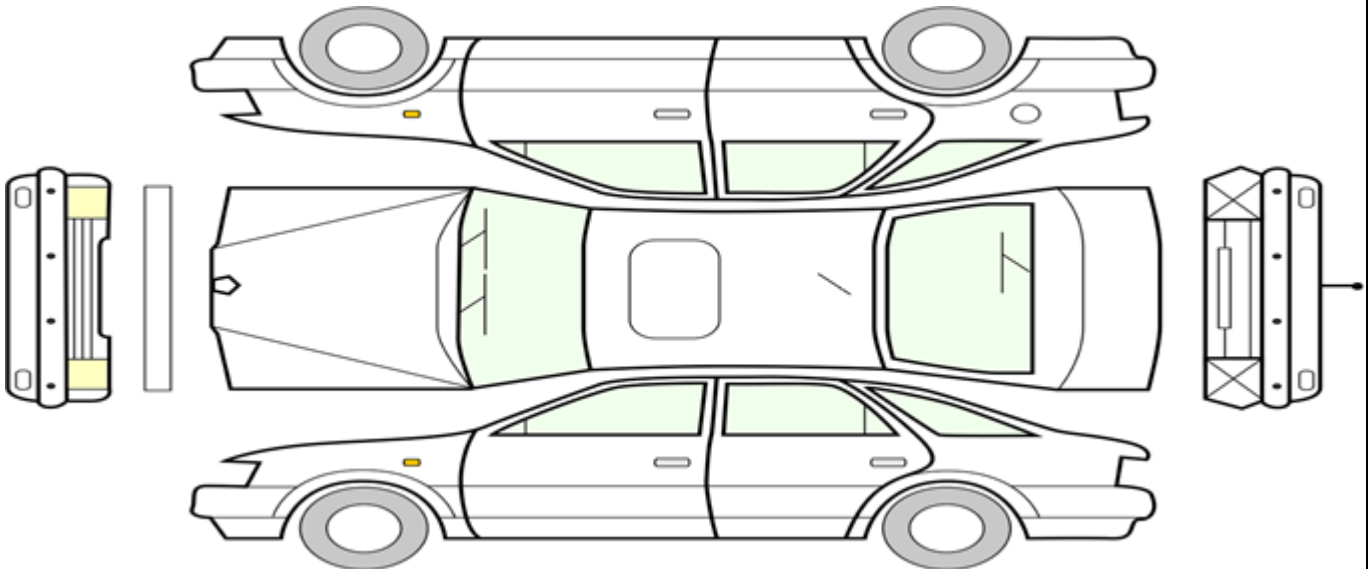
Sections 50(3) Local Government (Miscellaneous Provisions) Act 1976; If a licensed vehicle is damaged, and that damage affects the safety, performance and appearance of the licensed vehicle or the comfort or convenience of persons carried then the accident **MUST** be reported in writing within 72 hours of the accident. The vehicle's proprietor is required to use this form to report the accident. Details must be accurate and complete.

If you are injured in the accident, you will be required to provide written evidence from your GP that you are fit to drive.

An Insurance Company or other Legal Body can contact us for information relating to this accident (following a claim); a copy of this report will be provided to them.

1. Full name of vehicle licence holder(s)	2. Address: Telephone Number:
3. HC/PH Plate Number:	4. Vehicle Registration Number:
5. Vehicle Mileage:	
6. Name of the Driver (at the time of accident):	7. Driver's Badge Number: LN/
8. Describe below the damage to the licensed vehicle:	

9. Indicate the damaged area(s) of your vehicle using the key below. Only mark damage caused in the accident



Key: S = Scratch D = Dent M = Missing

10. Describe below how the accident happened and include road names and exact location

Accident Date:

Time:

11. Provide a sketch of the accident showing the position of vehicles on the road and locations. Please provide on a separate sheet.

12. How many passengers were in the vehicle at the time of the accident?

13. Were any of the passengers injured in the accident?

YES / NO

(if YES complete Q14, if NO complete Q15)

14. Please provide the passenger names and injuries:

15. Did the driver sustain any physical or psychological injuries as a result of the accident? If so, please provide details below:

16. Is the licensed driver's ability to work / drive affected?	YES / NO If YES, please explain below:
17. Was there another vehicle(s) involved? If so, please provide details of the Third Party below:	
18. Was the accident reported to the Police?	YES / NO If YES please provide the Police reference number below:
19. Please tick <input checked="" type="checkbox"/> the statement which is true: The vehicle is off the road <input type="checkbox"/> (go to Question 20) The vehicle is still being driven <input type="checkbox"/> (go to Question 22)	
20. <u>The Vehicle is off the road.</u> Full address of where the vehicle is being kept: Telephone Number: 21. <u>You must return the plates to the licensing office</u> If you are unable to return the plates you must provide the reasons why:	
22. <u>The Vehicle is still being driven</u> You must contact licensing and arrange to take the vehicle to North Bridge to be inspected before using the vehicle to transport passengers.	

23. **Insurance**

You must attach to this form, a copy of the motor vehicle insurance certificate which shows that the above vehicle was insured at the time of the accident. Failure to provide the required information or providing false or incorrect information may result in prosecution.

24. **Declaration:**

I/We am/are the proprietor(s) of the vehicle detailed on this form and declare that the above information is true. I/we understand that it is a criminal offence to make a false statement or omit any material particular from this document.

Licence Holder (1) Signature **Date.....**

Licence Holder (2) Signature **Date.....**

When complete, this form and supporting documents should be submitted to the Licensing Office at the address below or by email to licensing@doncaster.gov.uk