

Hackney Carriage and Private Hire Vehicle Accident Report Form

Under section 50(3) of the Local Government (Miscellaneous Provisions) Act 1976 and the vehicle conditions for both Hackney Carriage and Private Hire Vehicle, the holder of the licence is required to inform the Council's licensing team within 72 hours of any accident involving the licensed vehicle, and failure to do so is an offence. The vehicle's licence holder or driver is required to use this form to report the accident within 72 hours. Details must be accurate and complete. The completed form can be emailed to regulatoryservices@guildford.gov.uk.

Details of Accident:				
Time (24H)	Date	Road/Place	Town/City	
Brief Description of Incident				

Vehicle details:								
Hackney Carriage or Private Hire:	Hackney	Private Hire	Registration number (BLOCK CAPITALS)					
Licence number:		1	Licence expiry date			1		
Name of Driver at time of accident:				num	ber:	Badge		
Driver's email						ontac num		
Primary Vehicle Licenc	e Holder (de	etails of one	vehicle licence holder must l	be comp	oleted	I):		
Full Name:								
Home Address:								
Email Address								
Telephone number:			Mobile Number:					
Indicate the damaged a	area(s) of yo	our vehicle	using the key below					
PLEASE MARK ONLY THE DAMAGE THE VEHICLE HAS SUFFERED AS A RESULT OF THE ACCIDENT (Key: S= Scratch D= Dent M= Missing)								
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Describe damage to I	censed vehicle: i.e. severe damage, superficial etc
Front:	Driver's side:
Rear:	Passenger side:
Injuries to self? (Yes/No)	Other vehicles involved? (Yes/No)
Injuries to passenger (Yes/No)	?
Name, address and to	lephone number of passengers (continue on separate sheet if required):
Passenger 1 Name & Address Telephone Number	Passenger 2 Name & Address Telephone Number

Third Party Vehicle	
(If more than one vehicle in	olved please use additional sheets to supply this information for each vehicle)
Describe damage to third p	rty vehicle: i.e. severe damage, superficial etc
Front:	Driver's side:
Rear:	Passenger side:
Third Party Vehicle Details	
Registration	Driver
Address of Driver Telephone Number	
Injuries to driver? (Yes/No)	Injuries to passengers? (Yes/No)
Name, address and telepho	e number of passengers (continue on separate sheet if required):
Passenger 1	Passenger 2
Name & Address	Name & Address
Telephone Number	Telephone Number
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Was the accident reported to the Police?	If yes, what is the reference number?	
Was the accident reported to your	If yes, when was it reported?	
insurance company?		

ls your vehicle	off the road?			
If yes, will the vehicle be repaired?				
Give full address where the vehicle is being kept:				
Telephone:				

If No, is the vehicle still being driven for hire and reward?			
If No, will you be replacing the vehicle on this licence?			
If the vehicle is off the road, and will not be repaired, you will need to return the internal and rear plates, and prove that you have removed the livery (hackney carriages) or return the door signs (private hire).			

Warning:

Failing to provide the required information or providing false or incorrect information may result in prosecution.

Declaration:

I (name)	am the	and declare
that the abo	e information is true. I understand that it is a criminal offence to make a false	e statement or omit any
material par	icular from this document.	

Signed:

Dated: _____

When completed, deliver this form to: Guildford Borough Council, Licensing Team, Millmead House, Millmead, Guildford, GU2 4BB or email a scanned (with signature) version to regulatoryservices@guildford.gov.uk

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