Licensing, Epsom & Ewell Borough Council, Town Hall, The Parade,

Epsom, Surrey, KT18 5BY

Email: licensing@epsom-ewell.gov.uk

Web: www.epsom-ewell.gov.uk Tel: 01372 732159



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 licensing@epsom-ewell.gov.uk.

Details of	Accident:											
Time (24H) Date Road/Place				T	own/	City						
Brief Description of Incident												
	•											
Vehicle de	tails:											
Haaknay C	arriago or	Hackney Private		Posistration number								
Hackney Carriage or Private Hire:		Tidokiloy	Hire	Registration number (BLOCK CAPITALS)								
Licence nu	ımber:	Licence expiry date										
Name of D		unto				er's E	Badge					
time of accident:					number: Driver's contact							
Driver's en	nail						ontact number					
					•							
Primary Vehicle Licence Holder (details of one vehicle licence holder must be completed):												
Full Name:												
Home Add	ress:											
Email Add	ress											
Telephone	number:											
Indicate th	e damaged a	area(s) of yo	ur vehicle u	sing the key below								
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Committee of the Commit		()			(-	-				
	WING		DOO	R DOOR	-	1	WING	3/	1			
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	WING					1	WING	U				
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				ICLE HAS SUFFERED AS A	RESU	JLT (OF THE AC	CIDEI	1T			
(ney: 5=	Scratch D=	pent M= Mis	ssing)									

Describe damage t	o licensed vehicle: i.e. severe dan	nage, superficial etc				
Front:		Driver's side:				
Rear:		Passenger side:				
Injuries to self? (Yes/No)		Other vehicles in (Yes/No)	nvolved?			
Injuries to passeng (Yes/No)	jers?					
	telephone number of passenger	s (continue on separ	ate sheet if required):			
Passenger 1 Name & Address Telephone Number		Passenger 2 Name & Address Telephone Numb				
Third Party Vehicle (If more than one v	ehicle involved please use addition	onal sheets to supply	this information for	each vehicle)		
Describe damage t	o third party vehicle: i.e. severe d	amage, superficial et	tc			
Front:		Driver's side:				
Rear:		Passenger side:				
Third Party Vehicle	Details		I			
Registration		Driver				
Address of Driver Telephone Number						
Injuries to driver? (Yes/No)		Injuries to passe (Yes/No)	engers?			
	I telephone number of passenger		ate sheet if required)			
Passenger 1 Name & Address Telephone Number		Passenger 2 Name & Address Telephone Numl				
Was the accident re	eported to the Police?	If yes, what is the re	eference number?			
Was the accident re insurance company	eported to your	If yes, when was it	reported?			
Is your vehicle off	the road?	If No, is the vehicle still being driven for hire and reward?				
If yes, will the vehic	cle be repaired?	on this licer				
Give full address w	where the vehicle is being kept:		e is off the road, and w ed to return the interna			
			ve that you have remo arriages) or return the o			
Telephone:		(naomioy co	hire).			
Warning: Failing to provide the	e required information or providing fa	alse or incorrect inform	nation may result in pro	secution.		
Declaration: I (name) that the above informaterial particular from	am the nation is true. I understand that it is something this document.			d declare or omit any		
Signed:		Dated:	<u> </u>			
	eliver this form to: Epsom KT18 5BY or email a scanned (with					