**Hackney Carriage or Private Hire Vehicle**

**Incident/Accident Report Form**

|  |  |
| --- | --- |
| **1** | **Reporting of Incident/Accident** |
| 1.1 | Name of person reporting incident/accident |       |
| 1.2 | Date of reporting incident/accident |       |

| **2** | **Licensed Vehicle damaged** |
| --- | --- |
| 2.1 | Make and model |       |
| 2.2 | Registration number |       |
| 2.3 | HCV/PHV Plate No |       |
| 2.4 | Name of Vehicle Owner |       |
| 2.5 | Name of Driver |       |

| **3** | **Incident/Accident Details** |
| --- | --- |
| 3.1 | Time |       |
| 3.2 | Date |       |
| 3.3 | Location |       |
| 3.4 | Brief circumstances of accident |       |
| 3.5 | Passengers in vehicle at time of accident |  |
|  Yes | [ ]  |  No | [ ]  |  |
|  |
| 3.6 | Injuries sustained to passengers/driver |  |
|  Yes | [ ]  |  No | [ ]  |  |
|  |
| 3.7 | Give further details of injuries sustained |       |

| **4** | **Details of any other vehicle(s) involved** |
| --- | --- |
| 4.1 | Make and model |       |
| 4.2 | Registration Number |       |

| **5** | **Details of any other driver(s) involved** |
| --- | --- |
| 5.1 | Name |       |
| 5.2 | Address |       |

| **6** | **Details of any damage to Property**  |
| --- | --- |
| 6.1 | Was there any damage to property/structure(s) |  |
|  Yes | [ ]  |  No | [ ]  |  |
|  |
| 6.2 | If yes, give address of property/structure(s) |       |
| 6.3 | Give further details of damage |       |

| **7** | **Police Assistance**  |
| --- | --- |
| 7.1 | Police attendance |  |
|  Yes | [ ]  |  No | [ ]  |  |
|  |
| 7.2 | Name of Officer |       |
| 7.3 | Where stationed |       |

|  |  |
| --- | --- |
| **8** | **Indicate areas of damage on licensed vehicle** |



|  |  |
| --- | --- |
| **9** | **Provide photo(s) showing all damage to the vehicle** |
| 9.1 | Method of submission |  |
|  Paper hard copy | [ ]  |  Email – electronic as JPEG | [ ]  |  |
|  |
| 9.2 | Date photo(s) taken |       |

|  |  |
| --- | --- |
| **10** | **Inspection of Vehicle** |
| 10.1 | Date vehicle booked for inspection at testing station |       |
| 10.2 | Name of testing station |       |

|  |  |
| --- | --- |
| **11** | **Insurance** |
| 11.1 | Will your insurance company be undertaking the repairs to this vehicle |  |
|  Yes | [ ]  |  No | [ ]  |  |
|  |
| 11.2 | If Yes, do you have an estimated timeframe, from insurance company, for completion of the repairs? |       |