



City of
Stoke-on-Trent

Contact Details

Licensing
Hanley Town Hall
Albion Street
ST1 1QL
01782232774
hcp.licensing@stoke.gov.uk

Vehicle Accident/Damage Report

For Office Use: Flare Number

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LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 ("the Act") SECTION 50(3) NOTIFICATION

Without prejudice to the provisions of section 25 of the Act of 1972, the proprietor of a Hackney Carriage or of a Private Hire vehicle licensed by a district council **shall report to them as soon as reasonably practicable, and in any case within seventy two hours** of the occurrence thereof, any accident to such hackney carriage or private hire vehicle causing damage materially affecting the safety, performance or appearance of the hackney carriage or private hire vehicle or the comfort or convenience of persons carried therein, **(failure to do so is an offence and will result in action being taken against you).**

- You can submit this form by e-mail if the vehicle is not safe to drive: hcp.licensing@stoke.gov.uk
- Otherwise bring the vehicle and the form to Licensing Reception during office hours (no appointment required). There are 2 parking bays in Bagnall Street reserved for accident inspections labelled "Taxi Inspection Area,"

SECTION A – THE NOTIFIER

Badge Number									Not a licensed driver	<input type="checkbox"/>
Full Name	Mr/Mrs/Miss/Ms									
Date of Birth										
Home Address										
	Postcode									
Tel No	Fax									
Mobile No										
Email										

- I was driving the vehicle when the accident happened
 The person below was driving the vehicle when the accident happened

SECTION B – THE DRIVER

Badge Number											
Full Name	Mr/Mrs/Miss/Ms										
Date of Birth											
Home Address											
	Postcode										
Tel No	Fax										
Mobile No											
Email											

SECTION C – THE VEHICLE

Registration							
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Licence(Plate)Number				
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Licence Type	Private Hire	
	Hackney Carriage	

Make, Model and Colour	
Operator	

SECTION D – THE ACCIDENT

When was the accident?	d	d	m	m	y	y
Where was the accident?						
At what time?		:		hours		

Please give a brief description of how the accident happened:-

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Diagram of accident (if applicable)

If the car is in your possession can it be safely driven?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If the car was recovered where is it now?		
If other vehicles were involved please give details below;		
Name of Driver		
Vehicle Make and Model		
Vehicle Registration		
Name of third party insurer/broker		
If more than 1 other vehicle was involved provide details on separate sheet of paper		

Note: If the vehicle has been recovered and the matter is being dealt with by a claims company, please provide written confirmation of the extent of damage caused to the vehicle to include full name and contact details of the person carrying out any such assessment.

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SECTION E – INJURY TO THE DRIVER

Were you or the driver injured as a result of this accident? Yes
 No

If yes, how many days have you or the driver been absent from work as a direct result of the injuries?

Briefly describe any injuries

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Have these injuries been confirmed by your/the driver's GP or another medical professional? Yes No

If so, who has confirmed the injuries?.....

Do these injuries affect you or the driver's ability to safely drive a vehicle? Yes No

SECTION F – INJURY TO OTHERS

How many passengers were in the vehicle when the accident happened?

Who were the passengers? Friends or family Customers

Were any passengers injured as a result of this accident? Yes No

Please state the name/s of the passenger/s if known and describe what you believe the injuries are:

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.....
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SECTION G – BASE NOTIFICATION

Have you informed your base operator of this accident? Yes No

If yes, give name of person informed.....

SECTION H – INVESTIGATIVE BODIES

If you, the driver or any third party sustained injuries or any other property was damaged, was this accident reported to the police? Yes No

If Yes, what is the reference number the police gave you?

Has the accident been reported to your insurance company? Yes No

If Yes, what is your claim reference number?

SECTION I –VEHICLE DAMAGE

Please note that unseen damage may have occurred to the chassis of the vehicle

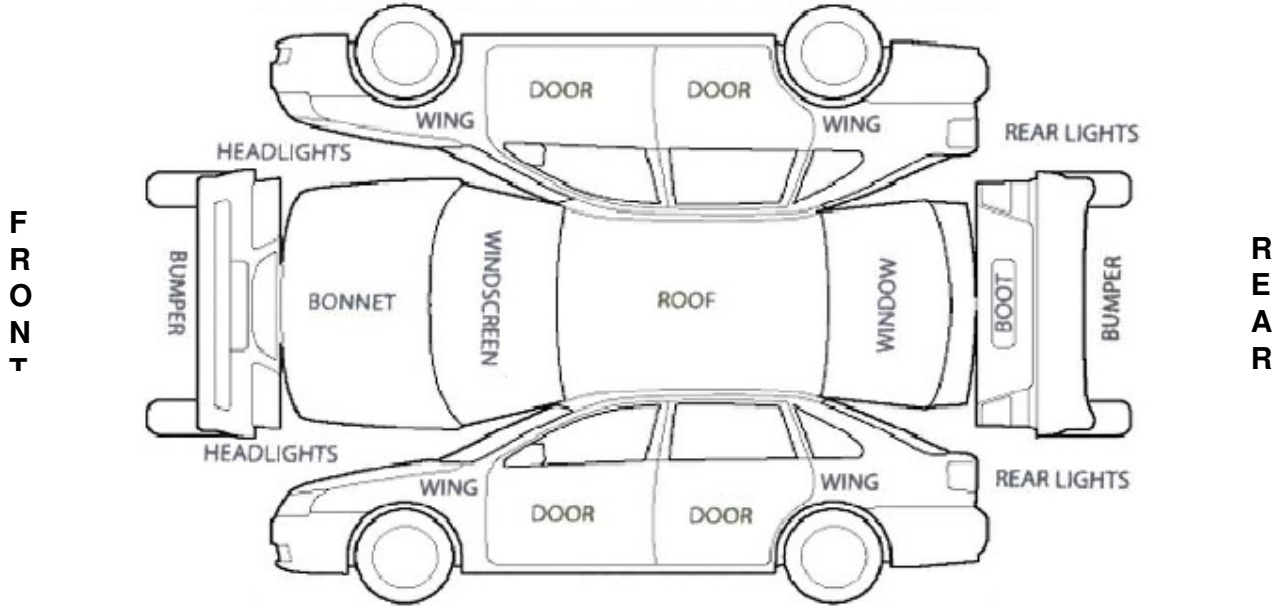
Using this key, please indicate clearly on the diagram below the position and type of damage caused as a result of **this accident** only:

Key

S = Scratch

D = Dent

M = Missing



SECTION J - FOR AUTHORISED OFFICER USE ONLY		
Has the vehicle been inspected by a Licensing Officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have photographs of the accident damage been taken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the damage match the description given by the notifier?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, how does it differ?	Describe below:	

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Date:	Officer:	Signature:
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SECTION K – APPLICANT DECLARATION AND CAUTION

In making this notification, I confirm the following:

- (a) The information given is true to the best of my knowledge.
- (b) I/We understand that it is a criminal offence to make a false statement or omit any material particular from this document.

Use of your information

The information Stoke-on-Trent City Council holds about you is used for the purpose of assessing your eligibility for a licence and for the administration of any licence issued to you in accordance with the Local Government (Miscellaneous Provisions) Act 1976, Town Police Clauses Act 1847 and any other relevant legislation.

We may collect information about you from other sources in order to process your application. Your personal data may be passed to other authorities or agencies, including other council departments, benefits agencies and the police, where we have a statutory duty to do so or where we consider the disclosure is justified and it is allowed under the Data Protection Act 1998.

After an accident, insurance agencies and investigators often ask us for information about the accident and whether the vehicle and driver are licensed with us. **If you would like to give us express permission to disclose relevant information, and speed up the processing of any claim you make, please tick here.**

(Please be aware that even if you do not give us permission, we may still disclose the information where we consider the disclosure is justified and it is allowed under the Data Protection Act 1998.)

Signed						
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Date	d	d	m	m	y	y
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SECTION L – FOR OFFICE USE ONLY

Date Submitted		Receiving Officer Initials	
MAU updated (add 9NC)	<input type="checkbox"/>	Officer Allocated to initials	

Is the vehicle suspended? (template: 9VA on vehicle record)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the notification within the statutory period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If suspended have Cromer Road been advised?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>