**WESTMORLAND AND FURNESS COUNCIL**

**Private Hire/Hackney Carriage Vehicle Notification of Accident Damage**

**Local Government (Miscellaneous Provisions) Act 1976 Section 50(3) Notification**

Without prejudice to the provisions of Section 25 of the Road Traffic 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).

**Section A - The Vehicle**

|  |  |  |
| --- | --- | --- |
| Licence Type(Please tick) | Private Hire Vehicle |  |
|   | Hackney Carriage Vehicle |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Registration Mark |  |  Plate Number |  |

|  |  |
| --- | --- |
| Make & Model |  |
| Private Hire Operator (If applicable) |  |

**Section B – The Notifier**

|  |  |  |  |
| --- | --- | --- | --- |
| Badge Number(If applicable) |  |  I am not a Licensed Driver |  |

|  |  |
| --- | --- |
| Name & Address  |  |
|  |  |
| Telephone Number |  |
| E- Mail Address |  |

|  |  |
| --- | --- |
| I was driving the vehicle when the accident happened |  |
|  |  |
| The person overleaf was driving the vehicle when the accident happened |  |

**Section C – The Driver**

|  |  |
| --- | --- |
| Badge Number |  |

|  |  |
| --- | --- |
| Name & Address  |  |
|  |  |
| Telephone Number |  |
| E- Mail Address |  |

**Section D – The Accident**

|  |  |
| --- | --- |
| What was the date of the accident? |  |
| What was the time of the accident? |  |
| Where was the accident? |  |

Please give brief description of how the accident happened:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If the car is in your possession can it be safely driven? | Yes |  |  | No |  |

|  |  |
| --- | --- |
| If the car was recovered where is it now? |  |

If other vehicles were involved please give details below:

(If more than one vehicle was involved provide details on a separate sheet)

|  |  |
| --- | --- |
| Name of Driver |  |
| Vehicle Registration Mark, Make & Model |  |
| Name of Third Party Insurance/Broker |  |

**Section E – Vehicle Damage**

Using this key, please indicate clearly on the diagram below the position and type of damage caused as a result of this accident only, where possible please provide photographs of the damage.

Key: S= Scratch; D = Dent; M = Missing



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

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.

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| My vehicle licence plates are being returned to the Licensing Service with this notification  | Yes |  |  | No |  |

**Section F – 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

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do these injuries affect your ability to safely drive a vehicle? | Yes |  |  | No |  |

**Section G – Injury To Others**

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

|  |  |  |
| --- | --- | --- |
| Who were the passengers? | Customers |  |
|   | Friends or Family |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Were the passengers injured as a result of this accident? | Yes |  |  | No |  |

Please describe what you believe the injuries are:

|  |  |
| --- | --- |
| Name (if known) | Basic Description Of Resulting Injuries |
|  |  |
|  |  |
|  |  |

**Section H – Investigative Bodies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If any injuries were sustained or any other property was damaged, was this accident reported to the Police? | Yes |  |  | No |  |

|  |  |
| --- | --- |
| If yes, what was 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 – Declaration**

In making this notification, I confirm the following:

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

## dpalock_transparent How We Collect And Use Information

The information collected, on this form and from supporting evidence, by South Lakeland District Council will be used to process your application. The information may be passed to the Department of Social Security, Employment Service and Inland Revenue as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and local authorities.

We will not disclose information about you to anyone outside South Lakeland District Council nor use information about you for other purposes unless the law permits us to.

South Lakeland District Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, you can ask at;

Licensing Service, South Lakeland House, Lowther Street, Kendal, Cumbria LA9 4DQ

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 were we consider the disclosure is justified and it is allowed under the Data Protection Act 1998)

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |  |
| --- | --- |
| Print Name |  |

**FOR CUSTOMER SERVICE ADVISOR’S USE**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Checked By |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Photographs Received? | Yes |  |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vehicle Licence Plates Returned? | Yes |  |  | No |  |