

LEWES DISTRICT COUNCIL

**REPORT OF ACCIDENT TO HACKNEY CARRIAGE /PRIVATE
HIRE VEHICLES**

1. Name and address of Proprietor _____

2. Hackney Carriage / Private Hire Vehicle Plate No. _____
3. Name and Badge No. of driver _____
4. Time and date of accident _____
5. Location where accident occurred _____
6. Any other vehicle involved – give details _____

7. Extent of damage caused to your licensed vehicle

8. Name and address of vehicle insurers _____

9. Reported by _____
10. Date reported _____
11. Signature _____ Date _____

This form is to be completed and deposited with LEWES DISTRICT COUNCIL within 72 hours of the accident.

NOTE: ANY ACCIDENT TO A HACKNEY CARRIAGE /PRIVATE HIRE VEHICLE, CAUSING DAMAGE MATERIALLY AFFECTING THE SAFETY, PERFORMANCE OR APPEARANCE OF THE HACKNEY CARRIAGE / PRIVATE HIRE VEHICLE, OR THE COMFORT OR CONVENIENCE OF PERSONS CARRIED THEREIN, MUST BE REPORTED.