

Bryte Insurance Company Limited
A Fairfax Company

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

The information that is sought herein is not intended to be an exhaustive list and Bryte accordingly reserves the right to request any further information deemed appropriate while investigating the claim.

(Delete sections not applicable)

Type of loss:		<input type="checkbox"/> Motor Accident	<input type="checkbox"/> Motor Theft	<input type="checkbox"/> Motor Personal Accident
Broker/Agent		Claim number		
Policy number				
Insured	Claim number			
	Policy number			
	Company name/Surname and initials			
	Company registration number			
	Identity number			
	VAT number			
	Business or occupation			
	Physical address			
	Postal address			
	Telephone numbers	Business	Home	
	Cell			
Vehicle	Make			
	Peculiar identification marks e.g. dents and stickers			
	Model			
	Year			
	Pre-existing damage			
	Registration number			
	Kilometres completed			
	Vehicle identification number (VIN)			
	Chassis number			
	Engine number			
	State if subject to hire purchase, credit or leasing agreement			
	If yes, name, address and account number of finance company			

Damage	Damage to own vehicle		Indicate old damage on vehicle	
	Where is the vehicle at present? (state full address)			
	Is the vehicle driveable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver	Full name			
	Residential address			
	Occupation			
	Identity number			
	Driver's licence	Month and year of expiry	Date of issue and code issued	
	State fully the purpose for which vehicle was being used			
	Was he/she driving with your permission?			
	Was he/she in your employ?			
	Has he/she any motor insurance on own car? If yes, state policy number and company			
	Details of any convictions for motoring offences			
	Has licence ever been endorsed?			
	Has he/she any physical defects?			
	Details of previous accidents			
Passengers (Insured Vehicle)	Passengers in insured vehicle	Name	Residential address	Injury
	For what purposes were they carried?			
	Are they employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Other Party	Personal injuries (other than in insured vehicles)	Name of injured		Relationship to accident e.g. driver, passenger etc.		Details of injuries		Name of hospital if applicable			
	Other vehicles	Registration		Make		Name of owner and driver		ID number		Contact details	
		(a)									
		(b)									
		(c)									
		Details of damage			Old damage		Address of owner and driver		Colour of vehicle		
		(a)									
		(b)									
		(c)									
		Property other than vehicles	Name and address of owner				Details of damage				
Independent Witnesses	Name, address and telephone number										
	Name, address and telephone number										
Accident Details	Date										
	Time										
	Place										
	Police station										
	Case number										
	Date reported										
	Reported by										
			Was the driver tested for alcohol or drugs?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Circumstances										

SKETCH OF ACCIDENT

(if necessary use separate page)

Please show clearly the point of impact and indicate the direction of travel arrows.
Give details of any road safety signs or warning signs in the vicinity of scene of accident.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Payment method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.		
	Name of bank _____	Branch _____	
	Name of account _____	Account number _____	
Declaration	We hereby declare the foregoing particulars to be true in every respect.		
	Signature of driver _____	Capacity _____	Date _____
	Signature of insured _____	Capacity _____	Date _____

Protection of Personal Information Act (POPIA)

All personal information collected on this form will be processed in accordance with our privacy statement.

https://www.brytesa.com/pdf/Bryte_privacy_statement.pdf

Signed at _____ on the _____ day of _____ 20 _____

Signature of policyholder _____