

**Bryte Insurance Company Limited**

A Fairfax Company

Please complete this form and return it with the required documentation and information. We will not be able to process your claim without the documents and information requested in the claim form. Please quote the claim number on each page.

Our Customer's Details	
Claim number	
Third Party/Claimant Details	
Full name of registered owner of the vehicle/property	
Telephone	Home
	Work
Cell phone	
Email address	
Who will be the contact/liaison person on your side for purposes of this claim?	
Contact details of liaison if not the registered owner	
Telephone	Home
	Work
Cell phone	
Email address	
Vehicle and contact information for purposes of appointing an assessor	
Contact details if different from the information provided above	
Telephone	Home
	Work
Cell phone	
Email address	
What is the registration number of your vehicle?	
Colour of your vehicle	
What is the make of your vehicle?	
What model is your vehicle (year)?	
Is your vehicle drivable?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Documentation required**

1. Vehicle registration certificate (not the motor vehicle license/renewal certificate)
2. Certified copy of registered owners ID
3. Photo or sketch and description of how the accident happened (to be sketched by the person who was driving at the time of the accident)
4. Certified copy of your driver's license (of the person who was driving at the time of the accident)
5. Photographs of the damaged vehicle
6. Photographs of the accident scene
7. Two quotations to repair the damage to your vehicle
8. If you have insurance and have elected not to claim from your insurer you are required to provide a letter from them confirming that you will not be claiming from them for this incident/accident. The letter must include the following information:
  - Policy number
  - Name of policyholder
  - Vehicle make and registration number
  - Date of accident



## Accident Sketch

Please draw a sketch showing how the accident happened and indicate where you were at the time of the accident:

Signature

Date





## Accident Sketch

Please draw a sketch showing how the accident happened and indicate where you were at the time of the accident:

Signature

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](https://www.brytesa.com/pdf/Bryte_privacy_statement.pdf)

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of policyholder \_\_\_\_\_