

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Authorised Financial Services Provider No. 17703

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

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.

| | | | | |
|------------------------|--|--------------|------|------|
| 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 | | | |
| | Exterior colour | | | |
| | Interior colour | | | |
| Finance company | Name | | | |
| | Branch | | | |
| | Account number | | | |
| | Type of agreement | | | |
| | Outstanding amount | | | |
| Owner | Name | | | |
| | Identity number | | | |

| | | | |
|--|--|---|--|
| Theft | Date | | |
| | Time | | |
| | Place | | |
| | Police station | | |
| | Case number | | |
| | Date reported | | |
| | Reported by | | |
| | Circumstances | | |
| | | | |
| | | | |
| | | | |
| | Was the vehicle locked? If not, give reasons | | |
| | Details of stolen accessories (Please attach invoices) | | |
| | | | |
| | Are these separately insured? | <input type="checkbox"/> *Yes <input type="checkbox"/> No | |
| Anti-theft/vehicle recovery device details | | | |
| Please attach proof of device | | | |
| Details of window markings | Number | | |
| | Applied by whom | | |
| Details of scratches, dents, defects | | | |
| Details of other features which would assist in identification | | | |
| | | | |
| <p>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.</p> | | | |
| Payment | <p>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.</p> | | |
| | <p>Name of bank _____ Branch _____</p> <p>Name of account _____ Account number _____</p> | | |
| Declaration | <p>I/We hereby declare the foregoing particulars to be true in every respect.</p> | | |
| | <p>Signature of Driver _____ Capacity _____ Date _____</p> | | |