

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.

(Delete sections not applicable)

Policy number		Claim number				
Insured	Name and occupation					
	Address and day telephone number					
	Identity number/VAT number					
Vehicle Details	Vehicle details	Make	Registration	Model	Year	Kilometers completed
	State if subject to hire purchase, credit or leasing agreement					
	If yes, name, address and account number of finance company					
	Chassis/VIN number					
	In whose name is the vehicle registered?					
Damage	Damage to own vehicle				Indicate old damage on vehicle	
	Where is the vehicle at present? (state full address)					
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	Date, time and place													
	Speed		Before accident				kph		Moment of impact				kph	
	(a) Weather conditions		(a)						(b)					
	(b) Visibility													
	(a) Road surface		(a)						(b)					
	(b) Width of road													
	(a) Which vehicle lights were on?		(a)						(b)					
(b) Street lighting														
Was any warning given by you, e.g. hooting, indicators, etc?														

Accident (Continued)	Name of Police/Traffic officer who recorded details of accident	
	Police station, case number and date reported	
	Police details	
	Was driver tested for alcohol or drugs?	
	DESCRIPTION OF ACCIDENT	

<p>SKETCH OF ACCIDENT (if necessary use separate page)</p> <p>Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in the vicinity of scene of accident.</p>	
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Payment method	<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>
Licence inspected	<p>I have inspected the driver's licence and it is free of endorsements/endorsed as shown.</p> <p>Signature of insured _____ Capacity _____ Date _____</p>
Declaration	<p>We hereby declare the foregoing particulars to be true in every respect.</p> <p>Signature of driver _____ Capacity _____ Date _____</p> <p>Signature of insured _____ Capacity _____ Date _____</p>

N.B. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand