

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)					
	Repairers name and telephone number, e-mail address and fax number					
	Where can your damaged vehicle be inspected?					
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					

Driver (Continued)	Details of any convictions for motoring offences					
	Has licence ever been endorsed?					
	Has he/she any physical defects?					
	Details of previous accidents					
	What was the destination		Was there a pre-determined route? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Were you on this route at the time of the accident	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when and where?			
	Had you made any stops since you started the journey?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, why?			
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		

