

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.

CONTRACTORS ALL RISKS & PUBLIC LIABILITY (ANNUAL + PROJECT)				
BRYTE CLAIM NO				
POLICY NUMBER		INSURED		
Responsible person on site & contact numbers				
Name				
Phone		Cellphone		
Email		Fax		
Parties to the contract				
Contract Value (including value of free issue materials)				
Contract Number				
Description of contract				
Site Physical address				
		Code		
Contract Commencement Date		(no run on cover)		
Expected Contract Completion Date				
Who was responsible for arranging the Project Insurance (Contract works claim)				
Who was responsible for arranging the Public Liability Insurance (PL Claim)				
(attach an extract from the contract / subcontract document to verify this fact)				
Date & Time of Loss/Damage		Date		Time
Details of loss / damage (including digital photographs, if available) (attach separate page if necessary)				
How / Why did the Loss/Damage occur? (cause eg. Act of God (Storm etc.)/Defective Design/Defective Workmanship)				
Name and Contact number of Party responsible for causing Loss/Damage (i.e. N/A (Act of God) Insured / Contractor / Subcontractor / Consulting Engineer / Employer)				
Name and Contact number of Party who suffered Loss/Damage				
Estimated cost of repair / replacement				
Works Claim - Attach documentary evidence (including digital photographs if available) of the above costs and extracts from the Bill of Quantities / the original quotation which detail the costs allowed, for the items now being claimed.				
Police Station & Reference (Theft claims only)				
Signed on behalf of the Insured				
Name		Capacity		
Date				