

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.

BRYTE CLAIM NO			
POLICY NUMBER		INSURED	
Responsible person on site & contact numbers			
Name			
Phone		Cellphone	
Email		Fax	
Site Physical address			
		Code	
Item of Plant Stole / Damaged (full description / model / serial number)			
Item Number of Plant on the Policy Schedule / Sum Insured			
Date & Time of Loss / Damage	Date	Time	
Details of Loss/Damage (including digital photographs, if available) (Attached separate page if necessary)			
Exactly how/why did the Loss/Damage occur? (Cause e.g. Act of God (storm/fire etc.)/Operator Error)			
Name and Contact number of Party responsible for causing damage (I.e. N/A (Act of God)/Insured's Operator/Third Party)			
Estimated cost of Repair/Replacement			
Attach documentary evidence (including digital photographs if available) of the above costs			
Is the unit is uneconomical to repair/a write off			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the unit subject to Finance / Hire Purchase ? If Yes – please attach a settlement letter			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the unit on hire at the time of the accident/theft? If yes , attach copies of the hire documentation			<input type="checkbox"/> Yes <input type="checkbox"/> No
Police station & Reference (Theft claims only)			
Signed on behalf of the Insured			
Name		Capacity	
Contact numbers			
Date			