

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.

POLICY NO. :			
NAME OF INSURED			
<p>I hereby declare and warrant that I am not suffering from any disability, physical, mental or otherwise, which may affect my capabilities as a driver or a Motor Vehicle.</p> <p>I further declare that to the best of my knowledge the following persons are the only ones exceeding 70 years of age who are likely to drive any vehicle insured under the above numbered policy. (If none, state "None")</p> <p>It is understood and agreed that this warranty is incorporated in the Insurance contract between myself and the Bryte Insurance Company Limited and that the policy is void if the Warranty I now give is proved to be incorrect.</p>			
WITNESS			
	Signature		Signature
MEDICAL CERTIFICATE			
I hereby certify that I am acquainted with / have examined			
Mr/Mrs/Miss			
of			
and am aware of his / her age (years).	Occupation	
QUESTIONNAIRE			
1. Is the general state of health good ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. a. Does the sight of the applicant in both left and right eyes (uncorrected or corrected) conform to not less than 6/9 based on Snellens Scale ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is there any limitation of the Fields of vision ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. a. Has there ever been any hearing disability ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Can the ordinary conversational voice be heard in both right and left ears at a distance or not less than 20 feet ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has he/she even been effected by fainting attacks, fits, giddiness, tremors, heart trouble, diabetes, anxiety or other neurosis? If so, give details			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the condition of the reflexes ?			
6. Are you satisfied that his/her faculties are unimpaired by age ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. In your opinion is he / she capable of safely driving a Motor car?			<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE			
QUALIFICATIONS			
ADDRESS			