

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.

Broker Name				
Email Address		Telephone		
POLICYHOLDER DETAILS				
Full Name				
Phone Number		Email Address		
ID Number				
Bike License Details	<input type="checkbox"/> Full	<input type="checkbox"/> Learners	Date First Obtained	
Risk Address			Postal code	
Postal Address			Postal code	
INSURANCE HISTORY				
Have you had any previous motorcycle insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Insurer		Policy Number		
Previous Insurer		Policy Number		
Has any Insurer ever declined to quote?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any Insurer ever cancelled your insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any Insurer required an increase in premium or imposed special terms?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any Insurer refused to renew your policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please supply full details				
Have you had any convictions/admission of guilt in the last 5 (five) years?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
CLAIMS				
Have you had any previous motorcycle claims?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supply (on a separate sheet if needed) details of all losses or accidents during the past three years (whether insured or not) under the following headings				
DATE	DESCRIPTION OF LOSS	VEHICLE MAKE	REGISTRATION	COST

INSURED MOTORCYCLE 1			
Make		Year	
Model		Registration	
VIN Number		Retail Value	R
Engine Number		Financed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Owner		Finance House	
If this is not the insured, please provide reason			
Is a tracking or alarm system fitted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach a copy of the certificate
Please attach a list of any extras			
Please indicate motorcycle category <input type="checkbox"/> On Road <input type="checkbox"/> Off Road <input type="checkbox"/> Dual Purpose			
INSURED MOTORCYCLE 2			
Make		Year	
Model		Registration	
VIN Number		Retail Value	R
Engine Number		Financed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Owner		Finance House	
If this is not the insured, please provide reason			
Is a tracking or alarm system fitted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach a copy of the certificate
Please attach a list of any extras			
Please indicate motorcycle category <input type="checkbox"/> On Road <input type="checkbox"/> Off Road <input type="checkbox"/> Dual Purpose			
INSURED TRAILER			
Make		Year	
Model		Registration	
VIN Number		Value	R
Financed		<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance House
ADDITIONAL NOMINATED RIDER 1			
Full Name		Date of Birth	
Licence Details	<input type="checkbox"/> Full <input type="checkbox"/> Learners	Date first obtained	
		Dates renewed	
ADDITIONAL NOMINATED RIDER 2			
Full Name		Date of Birth	
Licence Details	<input type="checkbox"/> Full <input type="checkbox"/> Learners	Date first obtained	
		Dates renewed	
WHERE IS THE MOTORCYCLE/TRAILER KEPT OVERNIGHT?			
<input type="checkbox"/> In a locked garage	<input type="checkbox"/> In a locked yard	<input type="checkbox"/> In a locked parking garage	<input type="checkbox"/> Other
USE			
What purpose will the motorcycle be used for?	<input type="checkbox"/> Social, domestic and pleasure, including commuting	<input type="checkbox"/> Social, domestic, pleasure and business	

ADDITIONAL COVER			
All Risk Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	Helmet Make and Colour	R
Details of All Risk Items		Boots	R
		Jacket	R
		Chest protector	R
		Off-road clothing	R
DETAILS OF INSURANCE COVER		<input type="checkbox"/> Comprehensive <input type="checkbox"/> Full Business Use	
INCEPTION DATE			
PREMIUM PAYMENT			
<p>On the selected day of every month commencing on _____ I/we request you to draw against my/our existing account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly amount due in respect of this insurance. All such withdrawals from my/our bank account by you shall be treated as though they had been signed for by me/us personally.</p>			
DEBIT ORDER DATE			
<input type="checkbox"/> 1st (first)		<input type="checkbox"/> 7th (seventh)	<input type="checkbox"/> 27th (twenty seventh)
DETAILS OF BANK ACCOUNT			
Name of Bank			
Branch Name		Branch Code	
Account Holder Name			
Type of Account			
Account No.			
CONSENT TO THE USE OF UNDERWRITING, CLAIMS AND OTHER RELEVANT INFORMATION			
<ul style="list-style-type: none"> Waive any right to privacy in respect of any insurance information provided by you or on your behalf regarding any insurance policy or claim made or lodged by you or on your behalf. Allow such information to be disclosed to any other insurance company or its agents. Allow us to verify the information provided by you against other legitimate sources or databases. 			
DECLARATION			
<p>I/We agree that if any claim lodged under any policy or section issued by Bryte Insurance Company Limited to me/us or any person or company on my/our behalf be in any respect fraudulent, or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this insurance/policy, or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this insurance/policy in respect of such claim shall be forfeited.</p> <p>I/We declare that this proposal/application contains full details of the risk and is complete and true and correct in every respect. I/We agree that this application and declaration form the basis of the contract between me/us and Bryte Insurance Company Limited. Further, I/we understand that if any fraudulent information is provided or any fraudulent means or devices be used by me/us or on my/our behalf to obtain cover, the cover/benefit will be inoperative as from inception and any premiums paid shall be forfeited.</p>			
I, the undersigned, confirm that I am authorised to complete and sign this Proposal Form and Debit Order Authority for and on behalf of the Insured.			
Signed _____		Full Name _____	
Capacity _____		Date _____	