

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		Sub Broker	
Email Address		Telephone	
Broker Payment Option	<input type="checkbox"/> Net		<input type="checkbox"/> Gross
Registered Name of Proposer			
Company Registration Number			
Type of Organisation	<input type="checkbox"/> Pty Ltd	<input type="checkbox"/> cc	<input type="checkbox"/> Other
Trading Name			
Previous Trading Name(s)			
VAT Registration Number			
How long have you been a transporter?			
Occupation			
Physical Address			
			Postal code
Postal Address			
			Postal code
Telephone Number		Fax Number	
Email Address		Cell Phone	
Inception Date			
INSURANCE HISTORY			
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/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			
AREA OF OPERATION			
Countries in which you operate			

DRIVER DETAILS		
Owner Driver	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are drivers salaried/weekly paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are drivers paid per trip?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay bonuses on a "per trip" or a "per kilometre" basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your drivers always drive the same rig?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do drivers carry out a pre-start checklist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are previous driving and employment records investigated prior to employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any in-house or external driver programmes in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you check/maintain details of licenses, PrDPs and other permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you employ any drivers who are not South African?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List details of drivers aged below 25 years and over 60 years and/or have less than three (3) years driving experience. Furnish full names, ID number and licence/experience details		
Name	ID Number	Licence/Experience Details
PLEASE COMPLETE ANNEXURE B WHICH CALLS FOR DETAILED DRIVER INFORMATION		
RECEIPT BY US OF THIS DOCUMENT ENTITLES THE LISTED DRIVERS TO FREE R10,000 PERSONAL ACCIDENT COVER (AT NO COST TO YOU)		
DRIVER TRAINING		
Have drivers been formally trained in the following?		
Correct operation of the vehicle being driven	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti hijacking measures <input type="checkbox"/> Yes <input type="checkbox"/> No
First aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Correct securing of load <input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure at an accident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire fighting measures <input type="checkbox"/> Yes <input type="checkbox"/> No
Security of vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE OF BUSINESS (INDICATE % OF TURNOVER)		
Own Contract	%	Sub-Contractor %
Own Goods Only	%	General Cargo %
Commuter Bus	%	Touring Bus %
School Bus	%	Charter Bus %
Concrete/contractors/cement	%	Claybrick contractors/civils (specify) %
TYPE OF GOODS (INDICATE % OF TURNOVER)		
Agricultural/Livestock	%	Building Materials %
Clothing	%	Dangerous Goods (per SABS 0228) * %
Electrical Goods/Appliances	%	Fragile or White Goods %
Furniture	%	Heavy Machinery %
Liquor/Tobacco	%	Refrigerated Goods %
Sand/Stone/Coal/Cement/Bricks	%	Shipping Containers %
Steel/Steel Products	%	Tyres/Motor Spares %
Other (please supply details)	%	
* Dangerous Goods (Details)		
Goods in Transit Load Limit	R	Restricted cover only (maximum R500,000)

HAUL DISTANCE			
RADIUS		COUNTRIES OUTSIDE RSA	
Short Haul	0 – 100km	%	%
Medium Haul	101km – 300km	%	%
Long Haul	301km – 750km	%	%
Ultra Long Haul	751km – 1,500km	%	%
Across Border	Over 1,501km	%	%

SECURITY AND COMMUNICATION			
Are vehicles fitted with any of the following			
Tachograph	<input type="checkbox"/> Yes <input type="checkbox"/> No	Two-way radio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cellular phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Overloading devices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurer-approved Tracking Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	Automatic engine cut out	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurer-approved Fleet Management System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-hijack device	<input type="checkbox"/> Yes <input type="checkbox"/> No
9kg Dry Powder Extinguisher	<input type="checkbox"/> Yes <input type="checkbox"/> No	ABS brakes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number on the roof	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify	
Protection measures at premises where vehicles are kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other safety and protection devices fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LOCATION LIMIT	
Maximum value of vehicles at any one location	R

CLAIMS				
Supply, on a separate sheet if needed, details of all losses or accidents during the past 3 (three) years whether insured or not under the following headings				
DATE	DESCRIPTION OF LOSS	VEHICLE MAKE	REGISTRATION	COST
				R
				R
				R
				R
				R
				R

DRIVER MULTIPLE CLAIMS		
Please provide details of all drivers who have been involved in more than 1 (one) accident/theft/hijack in the last 3 (three) years		
NAME	ID NUMBER	ACTION TAKEN

PREMIUM PAYMENT

On the selected day of every month commencing on _____ I/we request you to draw against my/our existing account with the above-mentioned 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.

DEBIT ORDER DATE			
<input type="checkbox"/> 1st (first)	<input type="checkbox"/> 7th (seventh)	<input type="checkbox"/> 15th (fifteenth)	
DETAILS OF BANK ACCOUNT			
Name of Bank			
Branch Name			
Account Holder Name			
Type of Account			
Account No.		Branch Code	
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 _____	

