

**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.

The information that is sought herein is not intended to be an exhaustive list and Bryte accordingly reserves the right to request any further information deemed appropriate while investigating the claim.

Broker/Agent		Claim Number		
Policy Number				
<b>Insured</b>	Claim number			
	Policy number			
	Company name/Surname and initials			
	Company registration number			
	Identity number			
	VAT number			
	Business or occupation			
	Physical address			
	Postal address			
	Telephone numbers	Business	Home	Cell
<b>Vehicle</b>	Make			
	Peculiar identification marks e.g. dents and stickers			
	Model			
	Year			
	Pre-existing damage			
	Registration number			
	Kilometres completed			
	Vehicle identification number (VIN)			
	Chassis number			
	Engine number			
	Exterior colour			
	Interior colour			
<b>Finance company</b>	Name			
	Branch			
	Account number			
	Type of agreement			
	Outstanding amount			
<b>Owner</b>	Name			
	Identity number			

<b>Theft</b>	Date		
	Time		
	Place		
	Police station		
	Case number		
	Date reported		
	Reported by		
	Circumstances		
	Was the vehicle locked? If not, give reasons		
	Details of stolen accessories (Please attach invoices)		
	Are these separately insured?	<input type="checkbox"/> *Yes <input type="checkbox"/> No	
Anti-theft/vehicle recovery device details			
<b>Please attach proof of device</b>			
Details of window markings	Number		
	Applied by whom		
Details of scratches, dents, defects			
Details of other features which would assist in identification			
<p>Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.</p>			
<b>Payment</b>	<p>You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.</p>		
	<p>Name of bank _____ Branch _____</p> <p>Name of account _____ Account number _____</p>		
<b>Declaration</b>	<p>I/We hereby declare the foregoing particulars to be true in every respect.</p>		
	<p>Signature of Driver _____ Capacity _____ Date _____</p>		