

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.

To	Claims Maintenance	From	
Fax	0860 37 2021	Telephone number	
Date		Fax	
Number of pages		Email	

Broker	
Broker's claim number	
Bryte policy number (Compulsary)	

Insured	Insured details	
	Insured ID number	
	Date of loss	
	Details of claim	
	Policy section	
	Estimate	
	Make of vehicle	
	Registration number	
Date		
Checklist	General	
	Completed claim form	<input type="checkbox"/> Yes <input type="checkbox"/> No
	List if goods	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Quotes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Group Schemes	
	Policy schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Premium confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Assessor appointed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Motor	
	Driver's licence – ENLARGED COPY	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Copy of ID document/Driver's ID number	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Third party details	<input type="checkbox"/> Yes <input type="checkbox"/> No
	VIN number of vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stolen vehicles additional	
	Keys and spare keys	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deregistration certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of registration document	<input type="checkbox"/> Yes <input type="checkbox"/> No	