

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.

(return to robert.troup@brytesa.com)

CONTRACTORS ALL RISKS & PUBLIC LIABILITY (ANNUAL + PROJECT)			
BRYTE CLAIM NO			
POLICY NUMBER		INSURED	
Responsible person on site & contact numbers			
Name			
Phone		Cellphone	
Email		Fax	
Parties to the contract			
Contract Value (including value of free issue materials)			
Contract Number			
Description of contract			
Site Physical address			
		Code	
Contract Commencement Date		(no run on cover)	
Expected Contract Completion Date			
Who had the responsibility for arranging the Public Liability Insurance			
(attach an extract from the contract / subcontract document schedule to verify this fact)			
Date & Time of Damage	Date	Time	
Details of Damage (including digital photographs , if available) (attach separate page if necessary)			
Questions	Damage to services above / below ground (refer wording for applicable excesses + exceptions)		
	If damage to electrical / Telkom / other services - please advise :-		
	A: Were you aware of underground services in the area ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	B : Did you know their exact position ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	C : Did you obtain drawings / way leaves ? (If so , attach copies duly annotated) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	D: Are the correct positions shown on the drawings / wayleaves ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	E: What precautions were taken prior to excavation to establish the position of the underground services ?		
F : Do you believe that you were responsible (negligent) for causing the damage ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes / If No – state reason)			
Signed on behalf of the Insured			
Name		Capacity	
Date			